

CALIFORNIA

Minor Consent and Confidentiality

A Compendium of State and Federal Laws

National Center
for Youth Law

teenhealthlaw.org/compendium

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National Center for Youth Law

The National Center for Youth Law (NCYL) is a national, non-profit advocacy organization that has fought to protect the rights of children and youth for more than fifty years. Headquartered in Oakland, California, NCYL leads high impact campaigns that weave together litigation, research, policy development, and technical assistance.

What this compendium is:

This is a compendium of laws that may be relevant when minors wish to access certain types of sensitive health care and/or wish to access care on their own consent. Each state compendium begins with a chart entitled “quick guide.” The topics listed in the quick guide represent the categories of laws most frequently identified across all states. A circle next to a particular category signifies that a relevant state or federal law was found. Where a law was found, those laws are described in the “summary” section. Each state’s compendium ends with a list of resources, including links to a series of Appendices that delve deeper into key topics.

What this compendium is not:

This is not a comprehensive guide to all consent, confidentiality, and disclosure laws in any state. For example, the compendium does not include all laws that allow or require parents or persons acting *in loco parentis* to consent to care. Nor does it summarize disclosure laws that may allow or require disclosure of health information for mandated child abuse or public health reporting.

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Quick Guide

See glossary for explanation of categories and definitions of terms.

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- S Financial Responsibility
- S Gender Affirming Care, Protection
- S Intimate Partner Violence, Minor Consent
- S Reproductive Freedom
- S Shield Laws

Key

- S State law found⁵
- F Federal/other law may apply

¹ The information in this chapter represents the state of the law as of May 2024 after a diligent search of statutes, regulations, case law, and guidance.

² This chapter does not address all the consent and confidentiality rules that may apply when minors are in special care situations such as living with a relative, in federal or state custody, or under court jurisdiction (including dependency, delinquency, or immigration custody).

³ This category includes parental involvement laws.

⁴ This category includes statutes or case law that ban conversion therapy or prohibit banning of conversion therapy.

⁵ Symbol indicates law found that either allows providers to offer services without parental consent or explicitly gives minors authority to consent.

General

Age of Majority

Cal. Fam. Code § 6500 provides that the age of majority is 18 years.

Emancipation

Cal. Fam. Code §§ 7000 - 7143 describes the criteria for emancipation of minors, the procedures for obtaining a court declaration of emancipation, and the effects of emancipation.

Minor Marriage

Cal. Fam. Code §§ 7000 - 7143 describes the criteria for emancipation of minors, the procedures for obtaining a court declaration of emancipation, and the effects of emancipation.

Consent to Health Care

Consent for healthcare refers to granting permission for a healthcare service. A healthcare provider generally must obtain consent before providing care. Adults typically consent to their own healthcare, except in cases of legal incapacity. State and federal laws and court decisions help establish who has the legal authority to provide consent on behalf of minors. Typically, federal and state law require parent or guardian consent for a minor's care. However, the laws in every state include exceptions that allow or require others to consent, in addition to or instead of a parent or guardian. These exceptions include exceptions that allow minors to consent to some or all health care based on the minor's "status" (situation in life) and exceptions that allow minors to consent to certain types of care based on the services sought. Sometimes, these laws are written in a way that allows providers to offer services without parental consent; sometimes, they are written in a way that explicitly gives minors the authority to consent. Federal law also allows minors to consent to specific care in some cases. See **Appendix B** for more on consent including the important role of parents and other adults in minors' healthcare.

The following sections summarize the minor consent laws in the state:

Minor Consent—Minor's Status**Emancipated Minor**

Cal. Fam. Code § 7050 provides that an emancipated minor may consent for medical, dental, or psychiatric care, without parental consent, knowledge, or liability.

Married Minor

Cal. Fam. Code § 7002 provides that a minor who has married or entered a valid domestic partnership is emancipated, and *Cal. Fam. Code § 7050* provides that an emancipated minor may consent for medical, dental and psychiatric care.

Minor in Armed Forces

Cal. Fam. Code § 7002 provides that a minor who is on active duty with the U.S. Armed Forces is emancipated, and *Cal. Fam. Code § 7050* provides that an emancipated minor may consent for medical, dental and psychiatric care.

Minor Living Apart from Parent/Guardian

Cal. Fam. Code § 6922 provides that a minor may consent for their own medical, vision or dental care if the minor is age 15 or older; the minor is living separate and apart from their parents or guardian with or without their consent and regardless of how long the minor has been living apart;

and the minor is managing their own financial affairs, regardless of the source of income. For a definition of "parent or guardian," "medical care," "dental care," and "vision care," see *Cal. Fam. Code §§ 6901-6904*.

Minor Consent—Services**Abortion**

Abortion is legal and protected in California. In 2022, *Article 1, section 1.1* was added to the California Constitution, which states: "The state shall not deny or interfere with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives." For up to date information on the status of abortion protections and restrictions in California, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).

Minors may consent to abortion, and neither parental notice or consent is required. In *American Academy of Pediatrics v. Lungren*, 16 Cal. 4th 307 (1997), the California Supreme Court held that minors have the same right to privacy under Article 1, section 1 of the California Constitution as do adults and that this includes the right to decide whether

to continue or terminate a pregnancy. Thus, minors have the right to consent to or refuse their own abortions in California.

*For up to date information on the status of abortion protections and restrictions in all 50 states and DC, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#). See also **Appendix C**. These laws are changing rapidly, so consultation with counsel is also essential.*

Family Planning/Contraceptives

Cal. Fam. Code § 6925 provides that a minor may consent for medical care related to the prevention of pregnancy. This includes all forms of contraception, including long-acting reversible contraceptive and emergency contraception. This section does not authorize sterilization of a minor without parental consent. For a definition of “medical care,” see *Cal. Fam. Code § 6902*.

In 2022, *Article 1, section 1.1* was added to the California Constitution, which states: “The state shall not deny or interfere with an individual’s reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives.”

See Appendix I for information about the Title X Family Planning Program and minor consent for family planning, including contraception services. See Appendix C for discussion of contraception and the U.S. Constitution.

Outpatient Mental Health Care

Cal. Fam. Code § 6924 provides that a minor age 12 or older may consent for outpatient mental health treatment or counseling if the minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient mental health treatment or counseling. This section does not authorize a minor to receive convulsive therapy, psychosurgery, or psychotropic drugs without the consent of the minor’s parent or guardian. *Cal. Fam. Code § 6924* includes definitions of “professional person” and “mental health treatment or counseling services.”

A second statute, *Cal. Health & Saf. Code § 124260*, provides that a minor age 12 or older may consent for outpatient mental health treatment or counseling if the minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient mental health treatment or counseling. *Cal. Health & Saf. Code § 124260* includes definitions of “professional person” and “mental health treatment or counseling services.” This section does not authorize a minor to receive convulsive therapy, psychosurgery, or psychotropic drugs without the consent of the minor’s parent or guardian.

If a minor qualifies to consent to care under both statutes, the provider may elect which one to use.

Pregnancy-Related Care

Cal. Fam. Code § 6925 provides that a minor may consent for medical care related to the prevention or treatment of pregnancy. This section does not authorize sterilization of a minor without parental consent. For a definition of “medical care,” see *Cal. Fam. Code § 6902*.

See Appendix I for information about the Title X Family Planning Program and minor consent for family planning services, including certain pregnancy-related care.

Reportable, Communicable, Infectious Disease Care

Cal. Fam. Code § 6926 provides that a minor who is age 12 or older and who may have come into contact with an infectious, contagious, or communicable disease may consent for medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required to be reported to the local health officer as determined by the State Director of Health Services. A list of reportable diseases is contained in *Cal. Code Regs. Title 17, § 2500(j)*.

Sexual Assault Care

Cal. Fam. Code § 6927 provides that a minor age 12 or older who is alleged to have been raped may consent for medical care related to diagnosis or treatment of the condition and collection of medical evidence with regard to the alleged rape.

Cal. Fam. Code § 6928 provides that a minor who is alleged to have been sexually assaulted may consent for medical care related to the diagnosis and treatment of the condition and collection of medical evidence with regard to the alleged sexual assault.

Sexually Transmitted Infection/Disease/HIV Care

Cal. Fam. Code § 6926 provides that a minor age 12 or older may consent to medical care related to the prevention of a sexually transmitted disease. *Cal. Fam. Code § 6926* provides that a minor age 12 or older may consent for medical care for the diagnosis or treatment of a sexually transmitted disease that is either a reportable infectious, contagious, or communicable disease or a sexually transmitted disease that is not reportable, as determined by the Department of Health Services. A list of non-reportable sexually transmitted diseases for which minors may consent for diagnosis or treatment as determined by the Department of Health Services is contained in *Cal. Code Regs. Title 17 § 5151*. A list of reportable diseases is contained in *Cal. Code Regs. Title 17, § 2500(j)*. HIV is included in the list of reportable diseases.

Cal. Health & Safety Code § 120990 provides that written or oral informed consent is generally required for an HIV test and also states certain exceptions to the requirement.

Cal. Health and Safety Code § 121020 provides that a minor is not competent to give consent for an HIV test if he or

she is under age 12. When the subject of an HIV test is not competent to give consent for the test, written consent for the test may be obtained from the subject's parents, guardians, conservators, or other person legally authorized to make health care decisions for the subject. If the minor is a dependent of the court, written consent for an HIV test may be obtained from the court. Written consent shall only be obtained from someone other than the minor when it is necessary to render appropriate care or to practice preventive measures. *Cal. Code Regs. Title 17, § 2500(j)* lists HIV as a reportable and communicable disease.

See **Appendix I** for information about the Title X Family Planning Program and minor consent for family planning, including STI/STD/HIV services.

Substance Use Care

Cal. Fam. Code § 6929 provides that a minor age 12 or older may consent for medical care and counseling related to diagnosis and treatment of "a drug or alcohol related problem." § 6929 also provides that it does not restrict or eliminate the right of a parent to seek medical care or counseling for a drug or alcohol related problem of a minor

when the minor does not consent. *Cal. Fam. Code § 6929* includes definitions of "counseling" and "drug or alcohol."

Cal. Fam. Code § 6929.1 authorizes a minor 16 years of age or older to consent to opioid use disorder treatment that uses buprenorphine at a physician's office, clinic, or health facility, by a licensed physician and surgeon or other health care provider acting within the scope of their practice.

Cal. Fam. Code § 6929(e)(2) authorizes a minor 16 or older to consent to receive medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without needing the consent of the minor's parent or guardian only if, and to the extent, expressly permitted by federal law.

Other than these exceptions for minors age 16 or older, *Cal. Fam. Code § 6929* provides that minors are not authorized to receive narcotic therapy, in a program licensed pursuant to Article 1 (commencing with Section 11839) of Chapter 10 of Part 2 of Division 10.5 of the Health and Safety Code, without parental consent.

Confidentiality & Disclosure

Federal and state laws determine the privacy and confidentiality of medical and health information. Different laws may apply depending on the health services provided, the source of funding, the location of care, the type of provider, and the characteristics of the patient.

One law with overarching importance is the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, a federal regulation that protects the privacy of patient health information held by health care providers who transmit certain information electronically and other "covered entities." As a general rule, HIPAA prohibits healthcare providers from disclosing protected health information without a signed authorization. HIPAA specifies who must sign an authorization to release information. When minors have consented for their own care, HIPAA says the minors usually must sign the release. HIPAA includes exceptions that allow or require a provider to disclose protected information without an authorization in some circumstances, such as to meet state child abuse reporting requirements. HIPAA also addresses when parents and guardians may access a minor's health information: It explains how this HIPAA rule intersects with state law and other federal laws regarding parent access, and includes rules for what to do about parent access when state law is silent, and for authorized limitations on access in some situations.

See **Appendix H** for a detailed discussion of HIPAA. Other appendices address other important federal health privacy laws that may apply in addition to, or instead of, HIPAA. See **Appendix I** (Title X, family planning), **Appendix J** (Part 2, substance use), **Appendix K** (FERPA, education records), **Appendix L** (insurance and billing), and **Appendix M** (21st Century Cures Act Information Blocking, EHI).

The following sections summarize selected state laws related to confidentiality, access to records, and disclosure to parents/guardians:

Confidentiality/ Access to Records

Cal. Health & Saf. Code §§ 123110 and 123115 and *Cal. Civ. Code §§ 56.10 and 56.11* provide that the parent or guardian of a minor is entitled to access to and to control disclosure of an unemancipated minor's protected health

information; however, when a minor consents to or could have consented to care under state or other law, the minor controls access to and release of the related health information.

See **Appendix H** for information about minors' access to and

control of their medical information under HIPAA when they have consented to their own care.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

Disclosure of Health Information to Parents/ Guardians

Except as outlined in the statutes summarized below, *Cal. Health & Saf. Code* §§ 123110, 123115, and *Cal. Civ. Code* §§ 56.10, 56.11 provide that when a minor consents to or could have consented to care under state or other law, a provider cannot disclose information to the minor's parents or guardians without a release from the minor patient.

Minor Living Apart

Cal. Fam. Code § 6922 provides that when a minor consents for their own care based on being 15 years of age or older and living apart from their parents, the physician, surgeon, or dentist may inform the parents of the minor of the treatment given or needed, without the consent of the minor, if the physician, surgeon, or dentist knows the whereabouts of the minor's parents on the basis of information given by the minor.

Sexual Assault under Family Code § 6928

Cal. Fam. Code § 6928 provides that the professional person providing medical treatment shall attempt to contact the minor's parent or guardian and shall note in the minor's treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonably believes that the minor's parent or guardian committed the sexual assault on the minor. (Note: *Family Code* § 6927, specific to services related to rape of minors 12 and older does not contain the same language.)

Substance Use

Cal. Fam. Code § 6929 provides that when a minor consents for medical care or counseling relating to the diagnosis or treatment of a drug or alcohol related problem, the treatment plan shall include the minor's parent or guardian, if appropriate, as determined by the treating professional

or treatment facility. The treating professional shall state in the treatment record whether and when contact with the parent or guardian was attempted and, if so, whether it was successful, or why it was inappropriate to contact the parent or guardian. When a parent or legal guardian seeks out and consents for medical care or counseling for a drug or alcohol related problem of a minor child, the physician shall disclose medical information concerning such care to the minor's parent or guardian upon their request even if the minor does not consent to disclosure.

HIPAA rules relevant to disclosure to parents/ guardians

See **Appendix H** for information about minors' access to and control of their medical information under HIPAA when they have consented to their own care, the HIPAA rule when state law is silent as to parent access, and the HIPAA rule authorizing providers to limit access to records in certain circumstances.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

Insurance Claims/ Billing

Ca. Civ. Code § 56.107 provides that a health care service plan cannot require a minor to obtain the authorization of their insurance policy holder (such as a parent or caregiver) to submit a claim for services to which the minor may consent. The health care service plan must direct all communications regarding receipt of such services directly to the minor as follows: If the minor has provided the health care service plan with alternative address, email or telephone number, the plan must make all communications using that alternative. If the minor has not provided an alternative address, email or telephone to the health care service plan, then the plan must make all communications using the address on file in the name of the minor. Communications include written, verbal and electronic communications related to billing and payment, explanations of benefits, notices of contents or adverse claims, requests for more information, any communication that contains protected health information or the name and address of the provider, description of services provided and other information related to a minor consent visit. A health care service plan must permit minors to request

confidential communications using a “confidential communications request” and must implement them within 7 calendar days of receipt of an electronic or telephonic request or 14 calendar days of receipt of a request by first class mail. The plan must acknowledge receipt and advise the minor of the status of its implementation. For definitions, see *Cal. Civ. Code § 56.05*.

Cal. Ins. Code § 791.29 provides that a “health insurer” must allow minors to request “confidential communications” and must accommodate such requests if the request relates to receipt of minor consent health care. For definitions, see *Cal. Ins. Code § 791*.

Other

This section summarizes a range of laws that may not explicitly address minor consent or disclosure of information but that health care providers often have questions about when minors seek care, especially when they seek care on their own.

Constitution

In 2022, *Article 1, section 1.1* was added to the California Constitution, which states: “The state shall not deny or interfere with an individual’s reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives.”

Article 1, section 1 states: “All people are by nature free and independent and have inalienable rights. Among these are enjoying and defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining safety, happiness, and privacy.”

“Conversion Therapy,” Ban

For up to date information on the status of statutes or case law that ban conversion therapy for minors, or prohibit state entities from banning conversion therapy for minors in all 50 states and DC, see [Movement Advancement Project’s “Equality Maps: Conversion “Therapy” Laws.”](#) These laws are changing rapidly so consultation with counsel is essential.

Emergency Care

Cal. Bus. & Prof. Code § 2397 provides that a physician or other licensed health care professional is not liable for failing to obtain informed consent if a procedure was performed on a person legally incapable of giving consent and the physician reasonably believed that a medical procedure should be undertaken immediately and that there was insufficient time to obtain the informed consent of a person authorized to give such consent for the patient. An emergency is defined as a situation requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of severe medical conditions, which, if not immediately diagnosed and treated, would lead to serious disability or death.

Financial Responsibility

Cal. Fam. Code §§ 6922 and 6926 provide that the parents

or guardian of a minor who is 15 years of age or older who is living apart from them and who has consented for his or her own medical or dental care or of a minor who is 12 years of age or older who has consented for and received care for a reportable infectious, contagious, or communicable disease or for a sexually transmitted disease are not financially responsible for the care.

Cal. Fam. Code §§ 6924 and 6929 provide that the parent or guardian of a minor who has consented for and received care or counseling related to the diagnosis or treatment of a “drug or alcohol related problem” or of a minor who has consented for and received outpatient mental health treatment or counseling is not financially responsible for the care, unless the parent or guardian participates in the counseling, and then only for services rendered with the participation of the parent or guardian.

Gender Affirming Care, Protection

Cal. Civ. Code § 1798.301 provides that “reproductive health care services, gender-affirming health care services, and gender-affirming mental health care services are rights secured by the Constitution and laws of California. Interference with these rights, whether or not under the color of law, is against the public policy of California.” *Cal Welf. & Inst. Code § 16010.2* defines gender affirming health and mental health care services for this purpose. See also Shield Laws below.

For up to date information on the status of restrictions on gender affirming care for minors, see [Movement Advancement Project’s “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth.”](#) These laws are changing rapidly so consultation with counsel is essential. See also Appendix G.

Intimate Partner Violence, Minor Consent

Cal. Fam. Code § 6930 provides that a minor age 12 or older who states that they were injured as a result of intimate partner violence may consent for medical care related to

the diagnosis or treatment of the injury and the collection of medical evidence with regard to the alleged violence.
Reproductive Freedom

In 2022, Article 1, section 1.1 was added to the California Constitution, which states: "The state shall not deny or interfere with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives."

Cal. Civ. Code § 1798.301 provides that "reproductive health care services, gender-affirming health care services, and gender-affirming mental health care services are rights secured by the Constitution and laws of California. Interference with these rights, whether or not under the color of law, is against the public policy of California."

Shield Laws

California has passed several statutes designed to shield health care providers when they provide "legally protected health care" and protect patients who receive this care. For example, *Cal. Civ. Code § 1798.303* provides that "if a person, whether or not acting under color of law,

engages or attempts to engage in abusive litigation that infringes on or interferes with, or attempts to infringe on or interfere with, a legally protected health care activity, then an aggrieved person, provider, carrier, or other entity, including a defendant in the abusive litigation, may institute a civil action for injunctive, monetary, or other appropriate relief within three years after the cause of action accrues." *Cal. Civ. Code § 1798.300* defines "gender-affirming care," "Legally protected health care," and "reproductive health care" for this purpose. See also *Cal. Civ. Code §§ 1798.302, 1798.304, Cal. Bus. & Prof. Code §§ 850.1, 852.*

These laws are changing rapidly so consultation with counsel is essential.

For up to date information on the status of abortion protections including shield laws in all 50 states, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).

For up to date information on shield laws for gender affirming care, see [Movement Advancement Project's "Equality Maps: Bans on Best Practice Medical Care for Transgender Youth"](#).

Resources

California Statutes: <https://leginfo.legislature.ca.gov/faces/codes.html>

California Code of Regulations: <https://oal.ca.gov/publications/ccr/>

Appendices

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Appendix B. *Overview of Consent and Confidentiality When Minors Seek Health Care*

Appendix C. *Contraception, Abortion, and Pregnancy-Related Care for Minors: Consent and Confidentiality Considerations*

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Appendix E. *Mental Health Care for Minors: Consent and Confidentiality Considerations*

Appendix F. *Substance Use Care for Minors: Consent and Confidentiality Considerations*

Appendix G. *Gender Affirming Care for Minors: Consent and Confidentiality Considerations*

Appendix H. *HIPAA Privacy Rule and Confidentiality Implications for Minors' Health Information*

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Appendix J. *42 CFR Part 2 and Confidentiality Implications for Substance Use Care for Minors*

Appendix K. *FERPA and Confidentiality Implications for School-Based and School-Linked Health Care for Minors*

Appendix L. *Confidentiality in Health Insurance Claims and Billing*

Appendix M. *Electronic Health Information, the 21st Century Cures Act, and Confidentiality for Minor Patients*

Appendix N. *State Law Table: Minor Consent/Access Based on Status*

Appendix O. *State Law Table: Minor Consent/Access for Specific Services*