

CONNECTICUT

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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CONNECTICUT

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Quick Guide

See glossary for explanation of categories and definitions of terms.

General

- S** Age of Majority
- S** Emancipation
- S** Minor Marriage

Minor Consent to Health Care—Services

- S** Abortion³
- Emergency Care
- F** Family Planning/Contraceptives
- S** Outpatient Mental Health Care
- F** Pregnancy Related Care
- Reportable, Communicable, Infectious Disease Care
- Sexual Assault Care
- S** **F** Sexually Transmitted Infection/
Disease/HIV Care
- S** Substance Use Care

Confidentiality and Disclosure

- S** **F** Confidentiality/Access to Records
- S** **F** Disclosure to Parents/Guardians
- S** **F** Insurance Claims/Billing

Minor Consent to Health Care—Minor's Status

- S** Emancipated Minor
- High School Graduate
- Married Minor
- Minor, Age or Maturity
- Minor in Armed Forces
- Minor Living Apart from Parent/
Guardian
- Minor Parent
- Minor in State Custody
- Pregnant Minor

Other

- S** Conversion Therapy,⁴ Ban
- S** Financial Responsibility
- Gender Affirming Care
- S** Minor Parent, Consent for Child's Care
- 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

Conn. Gen. Stat. § 1-1d provides that the age of majority is 18.

Emancipation

Conn. Gen. Stat. §§ 46b-150 – 46b-150d provide that any minor who has reached age 16 years and resides in the state may petition for emancipation and describe the criteria for and effects of a court declaration of emancipation.

Conn. Gen. Stat. § 46b-150e provides that the state also recognizes that minors may become emancipated under common law.

Minor Marriage

Conn. Gen. Stat. § 46b-20a provides that persons must be at least 18 years of age to marry. *2023 Ct. ALS 44, 2023 Ct. P.A. 44, 2023 Ct. HB 6569* repealed the authorization for minors age 16 or 17 years to marry if they met certain requirements.

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**

Conn. Gen. Stat. § 46b-150d provides that an emancipated minor may consent for medical, dental, or psychiatric care, without parental consent, knowledge, or liability.

Minor Consent—Services**Abortion**

Abortion is legal and protected in Connecticut. *Conn. Gen. Stat. § 19a-602* provides that the decision to terminate a pregnancy before viability of the fetus is the decision solely of the patient, in consultation with the patient's physician, advanced practice registered nurse, nurse-midwife, or physician assistant. *For up to date information on the status of abortion protections and restrictions in Connecticut, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).*

Minors may consent to abortion and parental notice or consent is not required. *Conn. Gen. Stat. § 19a-601* provides that prior to performing an abortion on a minor

under age 16, a physician or counselor must provide pregnancy information and counseling in a way that the minor can understand it. The physician or counselor shall provide specific information and counseling as set forth in the statute including, but not limited to, information on the alternative choices for managing the pregnancy, an explanation concerning the public and private agencies available to assist the minor, and discussion of the possibility of involving the minor's parents, guardian, or other adult family members. The provision of pregnancy information and counseling must be evidenced in writing and signed by the minor. The requirements for information and counseling do not apply when, in the best medical judgment of the physician, a medical emergency exists that so complicates the pregnancy or health, safety or well-being of the minor that an immediate abortion is necessary. *Conn. Gen. Stat. § 19a-600* defines "counselor" for this purpose.

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

No statute expressly authorizes minors to consent to family planning services or contraception.

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

Conn. Gen. Stat. § 19a-14c provides that a licensed psychiatrist, psychologist, or marital and family therapist, or a licensed clinical social worker may provide “outpatient mental health treatment” to a minor without the consent or notification of a parent or guardian at the request of the minor if specified criteria are met. Outpatient mental health treatment may be provided without the consent or notification of a parent or guardian if: (1) requiring parental or guardian consent or notification would cause the minor to reject such treatment; and (2) the provision of such treatment is clinically indicated; and (3) the failure to provide such treatment would be seriously detrimental to the minor’s well-being; and (4) the minor has knowingly and voluntarily sought such treatment; and (5) in the opinion of the provider, the minor is mature enough to participate productively in the treatment.

Conn. Gen. Stat. § 19a-14c further requires the provider to document the reasons for a determination to treat a minor without the consent or notification of a parent or guardian. Such documentation must be included in the minor’s record, with a written statement signed by the minor stating that: the minor (A) is voluntarily seeking treatment; (B) has discussed with the provider the possibility of involving a parent or guardian; (C) has determined it is not in their best interest to involve their parent or guardian; and (D) the minor has been given adequate opportunity to ask questions about the course of their treatment.

“Outpatient mental health treatment” is defined in the statute and does not include the provision of prescription medications. A minor may receive as many outpatient mental health treatment sessions as necessary without the consent or notification of a parent or guardian.

Pregnancy Related Care

No statute expressly authorizes minors to consent to pregnancy-related care.

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

Sexually Transmitted Infection/Disease/HIV Care

Conn. Gen. Stat. § 19a-216 provides that any specified health facility or licensed physician may examine and provide treatment for sexually transmitted disease for a minor without the consent of a parent or guardian.

Conn. Gen. Stat. § 19a-592 provides that any licensed physician, physician assistant, or advanced practice registered nurse may examine and provide prophylaxis or treatment for human immunodeficiency virus infection, or acquired immune deficiency syndrome for a minor without the consent of the parents or guardian of the minor if the healthcare provider determines that notification of the parents or guardian of the minor will result in prophylaxis or treatment being denied or the physician, physician assistant or advanced practice registered nurse determines the minor will not seek, pursue or continue prophylaxis or treatment if the parents or guardian are notified and the minor requests that his or her parents or guardian not be notified; otherwise parent consent is required. The physician, physician assistant or advanced practice registered nurse shall fully document the reasons for the determination to provide prophylaxis or treatment without the consent or notification of the parents or guardian of the minor and shall include such documentation, signed by the minor, in the minor’s clinical record. As used in this subsection, “prophylaxis” means the use of medication, but does not include the administration of any vaccine, to prevent 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

Conn. Gen. Stat. § 17a-688 provides that a minor may give consent for treatment and rehabilitation for “alcohol or drug dependence.” *Conn. Gen. Stat. § 17a-680* defines “treatment” for this purpose to mean “any emergency, outpatient, intermediate and inpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological and social services, vocational and social rehabilitation and other appropriate services, which may be extended to alcohol-dependent persons, drug-dependent persons and intoxicated persons.”

Conn. Gen. Stat. § 19a-14c provides that a licensed psychiatrist, psychologist, or marital and family therapist, or a licensed clinical social worker may provide “outpatient mental health treatment” to a minor without the consent or notification of a parent or guardian at the request of the minor if specified criteria are met. *Conn. Gen. Stat. § 19a-14c(c)(2)(B)* suggests that the outpatient mental health may include treatment for a substance use disorder.

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

Health Information Exchange

Conn. Gen. Stat. § 17b-59e provides that “[n]othing in this section shall be construed to require a health care provider to share patient information with the State-wide Health Information Exchange if (1) sharing such information is prohibited by state or federal privacy and security laws, or (2) affirmative consent from the patient is legally required and such consent has not been obtained.”

Reproductive Health and Gender-Affirming Health Services

Conn. Gen. Stat. §§ 52-146w and 52-146x provide that no covered entity shall disclose information related to reproductive health services or gender-affirming health services in a civil or probate, legislative or administrative proceeding unless the patient or that patient’s conservator, guardian or other authorized legal representative explicitly consents in writing to such disclosure, except in specific circumstances.

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

Emancipated Minor

Conn. Gen. Stat. § 46b-150d provides that an emancipated minor may receive medical, dental, or psychiatric care, without parental knowledge.

Mental Health

Conn. Gen. Stat. § 19a-14c states that providers shall not notify a parent or guardian of outpatient mental health treatment, or disclose any information concerning such treatment, without the consent of a minor, when the treatment was provided without consent or notification to a parent or guardian. Providers may only disclose information to a parent or guardian if the provider determines that disclosure is necessary for the minor’s well-being, and only if the treatment is solely for mental health and not

for a substance use disorder. Further, the minor must be provided an opportunity to express objections, which must be documented in the record. The limited information that may be disclosed to the parent or guardian under those circumstances is contained in *Conn. Gen. Stat. § 19a-14c(c) (2)*.

Sexually Transmitted Infection/HIV

Conn. Gen. Stat. § 19a-216 provides that the fact of consultation, examination, and treatment for sexually transmitted disease that is provided to a minor without parental consent shall be confidential, including with respect to the sending of a bill to any person other than the minor.

Conn. Gen. Stat. § 19a-592 provides that the fact of consultation, examination and prophylaxis or treatment of a minor for HIV or AIDS shall be confidential and not be divulged without the minor's consent, including the sending of a bill to any person other than the minor, until the provider consults with the minor regarding the sending of a bill.

Substance Use

Conn. Gen. Stat. § 17a-688 provides that the fact that a minor sought or is receiving treatment or rehabilitation for alcohol or drug dependence for which the minor may give consent must not be reported or disclosed to the parents or guardian without the minor's consent.

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

Conn. Gen. Stat. § 38a-477d provides that a patient who is a covered individual on a health insurance policy and who is legally capable of consenting to the health care sought, may request that Explanations of Benefits be suppressed, or be issued solely to the patient and be issued to an alternative mailing address or electronic address.

See **Appendix L** for information about confidentiality protection in the billing and insurance claims process under the HIPAA Privacy Rule.

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.

"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.

Financial Responsibility

Conn. Gen. Stat. § 46b-150d provides that an emancipated minor may receive medical, dental, or psychiatric care, without a parent being financially responsible for the care.

Conn. Gen. Stat. §§ 19a-285, 19a-216, 19a-592, and 17a-688

provide that minors who consent for care for their child, or for services for sexually transmitted disease, including HIV or AIDS, or alcohol or drug dependence for themselves, are financially responsible for the services.

Conn. Gen. Stat. § 19a-14c provides that a parent or guardian who is not informed of the provision of outpatient mental health treatment for their minor child is not financially responsible for the treatment.

Gender Affirming Care

There are no restrictions on access to gender affirming care in Connecticut law at this time.

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."](#) See also [Appendix G](#) for further information about gender-affirming care.

Minor Parent, Consent for Child's Care

Conn. Gen. Stat. § 19a-285 provides that any minor who has been married or who has borne a child may consent for medical, dental, health, and hospital services for their child.

Shield Laws

Connecticut has passed a series of laws to provide protections for health care providers against disciplinary actions, adverse licensing actions, and civil actions both in state and from out of state based solely on the provision, receipt, assistance, support for, or liability derived from

reproductive health care services and gender-affirming health services that are permitted under the laws of Connecticut and were provided in accordance with the applicable standard of care. Examples of these laws are found at *Conn. Gen. Stat. §§ 38a-835, 52-155a, 52-155b, 52-571m, 52-571n, 54-155b, 54-162, 54-82i(b)*.

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

Connecticut Revised Statutes <https://www.cga.ct.gov/current/pub/titles.htm>

Connecticut Code of Regulations <https://portal.ct.gov/Ethics/Statutes-and-Regulations/Statutes-and-Regulations/Regulations>

Appendices

Appendix A. Glossary of Terms

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

Appendix D. Sexually Transmitted Infections, Sexually Transmitted Diseases, and HIV Care for Minors: Consent and Confidentiality Considerations

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

Appendix I. Title X Family Planning Program and Family Planning Services for Minors

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

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