

NEVADA

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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NEVADA

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

- S** **F** Confidentiality/Access to Records
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- S** Emancipated Minor
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Other

- S** "Conversion Therapy," Ban⁴
- S** Do Not Resuscitate
- S** Financial Responsibility
- Gender Affirming Care
- S** Good Faith Reliance/Immunity from Liability
- S** Minor Parent, Consent for Child
- S** Shield Law
- S** State Family Resource Centers, Minor Consent

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

Nev. Rev. Stat. § 129.010 provides that the age of majority is 18 years.

Emancipation

Nev. Rev. Stat. §§ 129.080 through 129.140 set forth the criteria and procedures for a minor who is age 16 years or older or who is married to petition the court to become emancipated.

Minor Marriage

Nev. Rev. Stat. § 122.025 provides that a minor who is age 17 years or older may marry if the minor has consent of either parent or the minor's guardian and obtains authorization from the court.

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 Status**Emancipated Minor**

Nev. Rev. Stat. § 129.130 provides that an emancipated minor is authorized to give consent for medical, dental, or psychiatric care without parental consent, knowledge, or liability.

Nev. Rev. Stat. § 129.130 establishes that emancipated minors "are capable of entering any contract and are, to all intents and purposes, ...considered to be of lawful age."

Married Minor

Nev. Rev. Stat. § 129.030 provides that a minor who is or has been married may consent for "examin[ation] or provi[sion of] physical, behavioral, dental or mental health services [, except sterilization, if the minor] understands the nature and purpose of the proposed examination or services and the probable outcome, and voluntarily requests the proposed examination or services."

Minor, Age or Maturity

Nev. Rev. Stat. § 129.030 provides that a minor who is in danger of suffering a serious health hazard if health care services are not provided may consent for "examin[ation] or

provi[sion of] physical, behavioral, dental or mental health services [except sterilization, if the minor] understands the nature and purpose of the proposed examination or services and the probable outcome, and voluntarily requests the proposed examination or services."

Minor Living Apart from Parent/Guardian

Nev. Rev. Stat. § 129.030 provides that a minor who has lived apart from their parents, with or without the consent of the parent(s) or guardian, may consent for "examin[ation] or provi[sion of] physical, behavioral, dental or mental health services [, except sterilization, if the minor] understands the nature and purpose of the proposed examination or services and the probable outcome, and voluntarily requests the proposed examination or services."

A minor may demonstrate that they are living apart from their parents or legal guardian by providing to the person from whom an examination or services are requested documentary proof that they are living apart from their parents or legal guardian. Such documentary proof may include, without limitation, a written statement affirming that the minor is living separately from their parents or legal guardian signed by:

- (1) A director of a governmental agency or nonprofit organization that provides services to persons who

are experiencing homelessness or the designee of the director of such an agency or organization;

(2) A school social worker, a school counselor or a person designated as a local educational agency liaison for homeless children and youths pursuant to 42 U.S.C. § 11432(g)(1)(J)(ii); or

(3) An attorney representing the minor in any manner; It also may include documentation that the minor has been placed in protective custody; or a copy of a decree of emancipation or proof that a petition for such a decree has been filed.

Minor Parent

Nev. Rev. Stat. § 129.030 provides that a minor who is a parent or has borne a child may consent for “examina[ation] or provi[sion of] physical, behavioral, dental or mental health services [, except sterilization, if the minor] understands the nature and purpose of the proposed examination or services and the probable outcome, and voluntarily requests the proposed examination or services” for themselves and for their child.

Minor Consent—Services

Abortion

Abortion is legal and protected in Nevada. Nevada has enacted statutory protections for abortion in *Nev. Rev. Stat. § 442.250* that were ratified by a ballot referendum, [1990 Nevada Ballot Question 7](#). For up to date information on the status of abortion protections and restrictions in Nevada, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).

To the extent abortion is legally permitted, minors may obtain an abortion. Minors may consent to abortion and neither parental notice or consent is required. *Nev. Rev. Stat. §§ 442.255 and 442.2555* provide that an unmarried unemancipated minor under age 18 may not obtain an abortion unless one parent has been personally notified. The law includes a judicial bypass and an emergency exception. However, in *Glick v. McKay*, 937 F.2d 434 (9th Cir. 1991), a court ruled that the statute is unconstitutional and has enjoined its enforcement. Thus, there is no parental notice or consent requirement currently in effect.

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.

Emergency Care

Nev. Rev. Stat. § 129.030 provides that a minor who is in danger of suffering a serious health hazard if health care services are not provided may consent for “examina[ation] or provi[sion of] physical, behavioral, dental or mental health services [, except sterilization, if the minor] understands

the nature and purpose of the proposed examination or services and the probable outcome, and voluntarily requests the proposed examination or services.”

Family Planning/ Contraceptives

Nev. Rev. Stat. § 129.060 provides that a minor may give express consent to a local or state health officer, licensed physician, physician assistant, registered nurse or clinic to issue a prescription for, the dispensing of or the administration of a contraceptive drug or device.

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.

Pregnancy-Related Care

No Nevada statute expressly authorizes minors to consent for 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 (STI/STD)

Nev. Rev. Stat. § 129.060 provides that a minor may give express consent to a local or state health officer, a licensed physician, physician assistant, registered nurse or clinic to conduct an examination for or treat any sexually transmitted disease and may provide services related to the prevention of sexually transmitted diseases, including, as specified in *Nev. Rev. Stat. § 639.28085*, medications for the prevention of human immunodeficiency virus (HIV).

Nev. Rev. Stat. § 441A.310 provides that when any minor is suspected of having or is found to have a sexually transmitted disease, the health authority may require the minor to undergo examination and treatment, regardless of whether the minor or either of his parents consents.

Nev. Admin. Code ch. 441A.775 provides that “sexually transmitted diseases” includes Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV).

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

Nev. Rev. Stat. § 129.050 provides that any minor who is under the influence of, or suspected to be under the influence of a controlled substance may consent, or if unable to express consent, shall be deemed to consent for the “furnishing of hospital, medical, surgical or other care for the treatment of substance use disorders or related illness by any public or private hospital, medical facility, facility for the dependent or any licensed physician, and

the consent of the minor is not subject to disaffirmance because of minority.” The minor may give express consent or, if unable to consent, shall be deemed to consent.

Nev. Rev. Stat. § 453.700 provides that any person who believes himself to be a narcotic addict may apply for voluntary submission to treatment to the health division of the department.

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

Communicable Disease, Drug Overdose, Suicide Attempt

Nev. Rev. Stat. § 441A.220 provides for the confidentiality of medical information related to communicable disease, drug overdose, or suicide attempt and restricts disclosure except with the written consent of the person who is the subject of the information or pursuant to other specified requirements.

Electronic Health Record/Health Information Exchange

Nev. Rev. Stat. § 439.590 provides that any individually identifiable health information obtained from an electronic health record or health information exchange cannot be disclosed to a parent or guardian without first obtaining the consent of the minor patient, if the health information concerns services received by a minor based on minor consent. *Nev. Admin. Code § 439.592* describes what such authorizations must contain. *Nev. Rev. Stat. § 439.597* specifies when a person must be allowed to opt out of having their individually identified health information shared electronically.

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

Minor Consent Services

Nev. Rev. Stat. § 129.030 provides that before initiating treatment based on a minor's consent, the health care provider shall make reasonable efforts to obtain the minor's consent to communicate with his or her parent or guardian. If the provider believes that such efforts would jeopardize the treatment necessary to the minor's life or necessary to avoid a serious and immediate threat to the minor's health, the provider may forego attempts to obtain the minor's consent to communication. The reasonable efforts made or the justification for not making them must be noted in the record.

Nev. Rev. Stat. § 439.590 provides that any individually identifiable health information obtained from an electronic health record or health information exchange cannot be disclosed to a parent or guardian without first obtaining the consent of the minor patient, if the health information concerns services received by a minor based on minor consent. *Nev. Admin. Code § 439.592* describes what such authorizations must contain.

Substance Use

Nev. Rev. Stat. § 129.050 provides that when treating a minor for substance use disorders or related illnesses, the physician shall make every reasonable effort to report this treatment to the minor's parents or guardian within a reasonable time after treatment.

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

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.

Do Not Resuscitate

Nev. Rev. Stat. §§ 450B.525 and 450B.510 provide that a parent can apply for a do not resuscitate order for a minor child with a terminal condition, but if, in the opinion of the attending physician, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment, then the do-not-resuscitate identification obtained pursuant to this section is not effective without the assent of the minor and the minor

may revoke the authorization to withhold life-resuscitating treatment.

Emergency Care

Nev. Rev. Stat. Ann § 129.040 provides that, "notwithstanding any other provision of law, in cases of emergency in which a minor is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts made under the circumstances, the parents of the minor cannot be located for the purpose of consenting..., then consent for such emergency may be given by any person standing *in loco parentis* to such minor."

Financial Responsibility

Nev. Rev. Stat. § 129.030 provides that the parents or legal guardian of a minor described in the statute who receives

services based on their own consent are not financially liable unless they have consented for the services, except in the case of emergency services.

Gender Affirming Care

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

For up to date information on the status of protections and 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.

Good Faith Reliance/ Immunity from Liability

Nev. Rev. Stat. §§ 129.030 and 129.050 provide that no person providing services based on the consent of the minor under these sections is subject to civil or criminal liability for providing those services; the service provider may still be liable for negligence.

Minor Parent, Consent for Child

Nev. Rev. Stat. § 129.030 provides that a minor who is a parent or has borne a child may consent for examination or for "physical, behavioral, dental or mental health services," except sterilization, if the minor "understands the nature and purpose of the proposed examination or services and the probable outcome, and voluntarily requests the proposed examination or services" for themselves and for their child.

Shield Law

In 2022, the Nevada Governor issued [Executive Order 2022-08](#) prohibiting, except by court order, executive branch cooperation with out-of-state investigations and legal actions, including extradition, arising from the lawful provision of abortion in Nevada and directing state licensing boards to implement policies that ensure no person will subject to discipline or disqualified from licensure for providing or assisting with the provision of abortion care that is legal in Nevada. In 2023, the legislature

passed *S.B. 131, 82nd Leg. Reg. Sess. (Nev. 2023)*, extending the protections to all state actors. Also in 2023, the legislature enacted *S.B. 370, 82nd Leg., Reg. Sess. (Nev., 2023)*, that regulates the collection, usage, and sharing of consumer health data, including abortion and gender affirming care data.

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"](#)

State Family Resource Centers, Minor Consent

*Nev. Rev. Stat. Ann. § 430A.180 provides that a licensed physician, physician assistant, registered nurse or pharmacist who is an employee or volunteer at the family resource center which has received a grant from the Director of the state Department of Health and Human Services may provide examination, treatment and prevention services for sexually transmitted disease, as well as issue a prescription for, dispense or administer a contraceptive drug or device, as described in *Nev. Rev. Stat. Ann. § 129.060*; however, in all other cases, an employee or volunteer of a family resource center that has received a grant from the director of the state Department of Health & Human Services must have consent from the minor's parent, guardian, or legal custodian before administering drugs or contraceptives to or performing medical or dental procedures for a minor.*

Nev. Rev. Stat. Ann. § 430A.040 provides that a family resource center "means a facility within an at-risk community where families may obtain: 1. An assessment of their eligibility for social services; 2. Social services directly from the family resource center; and 3. Referrals to obtain social services from other social service agencies or organizations."

Resources

Nevada Revised Statutes <https://www.leg.state.nv.us/nrs/>

Nevada Administrative Code <https://www.leg.state.nv.us/nac/>

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

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

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