

RHODE ISLAND

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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Disclaimer

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RHODE ISLAND

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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
- F** Family Planning/Contraceptives
- Outpatient Mental Health Care
- S** **F** Pregnancy-Related Care
- S** 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

- Emancipated Minor
- High School Graduate
- S** Married Minor
- S** 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," Ban⁴
- S** Emergency Care
- Gender Affirming Care
- S** Minor Parent, Consent for Child's Care
- 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

R.I. Gen. Laws § 15-12-1 provides that the age of majority is 18 years.

Emancipation

No statute expressly defines emancipated minor in general or specifies a legal process by which a minor may become emancipated; however, several statutes recognize emancipation in the state. For example, for purposes of the authority to consent to donation of anatomical gifts, *R.I. Gen. Laws § 23-18.6.1-4* provides that a minor who is emancipated may donate. For purposes of consent to abortion, *R.I. Gen. Laws § 23-4.7-6* provides that a minor

who has been emancipated by a court of competent jurisdiction does not need parent consent. For purposes of school residency, *R.I. Gen. Laws § 16-64-1* provides that emancipated minors shall be deemed to be a resident of the city or town where they live.

Minor Marriage

R.I. Gen. Laws § 15-2-14 provides that only persons of full age (18 years) may obtain a marriage license. *R.I. Gen. Laws § 15-2-11*, which allowed minors to marry beginning at age 16 years, with the consent of a parent or guardian, was repealed by *2021 R.I. HB 5387*.

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

Married Minor

R.I. Gen. Laws § 23-4.6-1 provides that any married person may consent for routine, emergency, medical or surgical care.

Minor, Age or Maturity

R.I. Gen. Laws § 23-4.6-1 provides that any person age 16 or older may consent for routine, emergency, medical or surgical care.

Minor Consent—Services

Abortion

Abortion is legal and protected in Rhode Island. *R.I. Gen. Laws § 23-4.13-2* provides that neither the state, nor any of its agencies, or political subdivisions shall restrict an individual person from preventing, commencing, continuing,

or terminating that individual's pregnancy prior to fetal viability; or restrict an individual person from terminating that individual's pregnancy after fetal viability when necessary to preserve the health or life of that individual. *For up to date information on the status of abortion protections and restrictions in Rhode Island, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).*

Minors may obtain an abortion, but *R.I. Gen. Laws § 23-4.7-6* provides that an abortion shall not be performed upon an unmarried or unemancipated minor under age 18 unless the consent of both the pregnant person and at least one parent is obtained. The law includes a judicial bypass. *R.I. Gen. Laws § 23-4.7-4* provides that the requirements can be waived in a medical emergency. *For more information on judicial bypass, find the "Under Age ___" section on your state's link in [If When How's Abortion Laws by State](#).*

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

R.I. Gen. Laws § 23-4.6-1 provides that any person age 16 years or older or married may consent for routine, emergency, medical or surgical care.

Family Planning/ Contraceptives

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

R.I. Gen. Laws § 23-4.13-2 prohibits the state or any of its agencies or political subdivisions from restricting the use of, access to, or provision of evidence-based, medically recognized methods of contraception, except in accordance with evidence-based medically appropriate standards that are in accordance with specified federal statutes and state health regulations and standards. No court has yet construed how this may apply to minors and contraception access.

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 a discussion of contraception and the U.S. Constitution.

Pregnancy-Related Care

R.I. Gen. Laws § 23-4.6-1 provides that any person, including, but not limited to, a minor who is pregnant, may give effective consent for medical, dental, health, and hospital services relating to prenatal, delivery, and post-delivery care, excluding abortion or sterilization. The attending physician shall comply with any child abuse reporting required by *R.I. Gen. Laws § 40-11-3*.

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

R.I. Gen. Laws § 23-8-1.1 provides that minors may give legal consent for testing, examination and/or treatment for any reportable communicable disease.

Reportable diseases are listed in *Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases, R23-10-DIS*, available at <https://risos-apa-production-public.s3.amazonaws.com/DOH/7434.pdf>.

Sexually Transmitted Infection/Disease/HIV Care

R.I. Gen. Laws § 23-11-11 provides that minors may consent for examination and treatment for any sexually transmitted disease.

R.I. Gen. Laws § 23-8-1.1 provides that minors may give legal consent for testing, examination, or treatment for any reportable communicable disease. HIV is listed as a reportable disease in *Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases, R23-10-DIS*, available at <https://risos-apa-production-public.s3.amazonaws.com/DOH/7434.pdf>.

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

R.I. Gen. Laws § 14-5-4 provides that if a minor who is voluntarily seeking treatment for substance abuse or chemical dependency refuses permission to contact parents to seek parental consent and if, in the judgment of a qualified professional, that contact would not be helpful or would be deleterious to the minor, then non-invasive, non-custodial treatment services for “substance abuse or chemical dependency” may be provided by a qualified professional without parental consent. *R.I. Gen. Laws § 14-5-2* provides that “non-custodial, non-invasive treatment” means any treatment where the minor is not detained overnight or in any way against his or her will, and which consists only of counseling. This counseling can include help for personal problems and for coping with parental alcohol and drug problems.

R.I. Gen. Laws § 14-5-3 provides that in all treatment of a minor for substance abuse or chemical dependency, the licensed treatment facility shall require the parents of the minor to participate in the treatment. Parental consent for treatment of a minor shall be required, except as otherwise provided in *R.I. Gen. Laws § 14-5-4*. “Licensed treatment facility” is defined in *§ 14-5-2*.

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 Care Communications

R.I. Gen. Laws §§ 5-37.3-1 – 5-37.3-12, the Confidentiality of Health Care Communications and Information Act, contains numerous provisions related to the protection and disclosure of individual’s confidential health care information. *R.I. Gen. Laws § 5-37.7-10* outlines the rights of a patient who has their information included in the statewide health information exchange (HIE).

Health Maintenance Organizations

R.I. Gen. Laws § 27-41-22 provides with respect to any licensed health maintenance organization that: “All information relating to a subscriber’s healthcare history, diagnosis, condition, treatment, or evaluation shall be considered confidential healthcare information and shall not be released or transferred except under the safeguards established by chapter 37.3 of title 5, the Confidentiality of Health Care Information Act.”

HIV

R.I. Gen. Laws § 23-6.3-7 provides that it is unlawful for any person to disclose to a third-party the results of an individual’s HIV test without the prior written consent of that individual except as outlined in the statute.

Mental Health

R.I. Gen. Laws § 40.1-5-26 provides for the disclosure of confidential mental health information and records only

with the written consent of the patient or the patient’s guardian except as outlined in the statute.

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

Substance Use

R.I. Gen. Laws § 14-5-4 provides that if a minor who is voluntarily seeking treatment for substance abuse or chemical dependency refuses permission to contact

parents to seek parental consent and if, in the judgment of a qualified professional, that contact would not be helpful or would be deleterious to the minor, then non-invasive, non-custodial treatment services for “substance abuse or chemical dependency” may be provided by a qualified professional without parental consent; provided, during the course of treatment, the qualified professional shall make attempts to obtain permission from the minor to obtain parental consent for and parental involvement in the treatment services.

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

R.I. Gen. Laws § 5-37.3-12, which is part of the Confidentiality of Health Care Communications and

Information Act, requires a health insurer to permit an insured individual or authorized representative to submit a confidential communications request form; accommodate requests for communication in the form and format requested by the insured individual or authorized representative, if it is readily producible in the requested form and format; and permit that communications containing confidential healthcare information be communicated to the insured individual or authorized representative at a specific mail or email address or specific telephone number, as designated by the insured individual or authorized representative. A health insurer may require the insured individual or authorized representative to make a request for a confidential communication in writing or by electronic transmission. The confidential communication request shall be valid until the insured individual or authorized representative submits a revocation of the request, or a new confidential communication request is submitted. A confidential communications request must be implemented by the health insurer within ten (10) calendar days of the receipt of an electronic transmission or telephonic request or within ten (10) calendar days of receipt by first-class mail. The health insurer shall acknowledge receipt of the confidential communications request and advise the insured individual or authorized representative of the status of implementation of the request if an insured individual or authorized representative contacts the insurer. All health insurers shall create a confidential communications request form that shall be easily readable and prominently displayed on the health insurer’s website.

R.I. Gen. Laws § 5-37.3-12 requires the department of health to develop and disseminate to healthcare providers information on best practices relating to how providers can support insured individuals or authorized representatives requesting confidential communications.

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 conversation therapy for minors, see Movement Advancement Project’s [“Equality Maps: Conversion “Therapy” Laws.”](#) These laws are changing rapidly so consultation with counsel is essential.

Emergency Care

In *Miller v. Rhode Island Hosp.*, 625 A.2d 778 (1993), the Rhode Island Supreme Court recognized that there is an emergency exception to the requirement to the informed consent doctrine.

Gender Affirming Care

There are no restrictions on access to gender affirming care in Rhode Island 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.

Minor Parent, Consent for Child's Care

R.I. Gen. Laws § 23-4.6-1 provides that a minor parent may consent to treatment for their child.

Reproductive Freedom

R.I. Gen. Laws § 23-4.13-2 provides: "Neither the state, nor any of its agencies, or political subdivisions shall: (1) Restrict an individual person from preventing, commencing, continuing, or terminating that individual's pregnancy prior to fetal viability; (2) Interfere with an individual person's decision to continue that individual's pregnancy

after fetal viability; (3) Restrict an individual person from terminating that individual's pregnancy after fetal viability when necessary to preserve the health or life of that individual; (4) Restrict the use of evidence-based, medically recognized methods of contraception or abortion except in accordance with evidence-based medically appropriate standards that are in compliance with state and federal statutes enumerated in subsections (c)(1) and (c)(2) [of this statute], department of health regulations and standards referenced in subsection (c)(3), and subsection (d) [of this statute]; or (5) Restrict access to evidence-based, medically recognized methods of contraception or abortion or the provision of such contraception or abortion except in accordance with evidence-based medically appropriate standards that are in compliance with state and federal statutes enumerated in subsections (c)(1) and (c)(2) [of this statute], department of health regulations and standards referenced in subsection (c)(3), and subsection (d) [of this statute]."

Resources

Rhode Island Statutes <http://webserver.rilin.state.ri.us/Statutes/>

Rhode Island Code of Regulations <https://rules.sos.ri.gov/Organizations>

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