

WASHINGTON

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.

Recommended Citation

For the entire compendium of state laws,

English A, Gudeman R. Minor Consent and Confidentiality: A Compendium of State and Federal Laws. National Center for Youth Law (August 2024).

For a particular state,

English A, Gudeman R. Minor Consent and Confidentiality: A Compendium of State and Federal Laws (State name). National Center for Youth Law (August 2024).

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Acknowledgements

This work was made possible through the generous support of the Collaborative for Gender and Reproductive Equity, a sponsored project of Rockefeller Philanthropy Advisors. The authors sincerely thank National Center for Youth Law attorneys Pallavi Bugga, Nina Monfredo, and Rachel Smith for their contributions to this work. The authors also gratefully acknowledge the extensive resources of the many organizations and individuals whose work provided essential information for this publication.

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Quick Guide

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- 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

Wash. Rev. Code § 26.28.010 provides that the age of majority is 18 years.

Emancipation

Wash. Rev. Code §§ 13.64.010 – 13.64.080 establish a procedure and criteria for minors age 16 years or older to petition a court for a declaration of emancipation; the petition must declare that the minor has the ability to manage their financial affairs, including any supporting

information; and that the minor has the ability to manage his or her personal, social, educational, and nonfinancial affairs, including any supporting information. *Wash. Rev. Code § 13.64.060* describes the powers that emancipation bestows.

Minor Marriage

Wash. Rev. Code § 26.04.010 provides that the minimum age for marriage is 18 years.

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**

Wash. Rev. Code § 13.64.060 provides that an emancipated minor has the right to give informed consent for health care services.

Minor, Age or Maturity

The Washington Supreme Court found, in *Smith v. Seibly*, 72 Wn. 2d 16 (1967), that "[a] married minor, 18 years of age, who has successfully completed high school and is the head of his own family, who earns his own living and maintains his own home, is emancipated for the purpose of giving a valid consent to surgery if a full disclosure of the ramifications, implications and probable consequences of the surgery has been made by the doctor in terms which are fully comprehensible to the minor. Thus, age, intelligence, maturity, training, experience, economic independence or lack thereof, general conduct as an adult and freedom from the control of parents are all factors to be considered in such a case."

Minor Living Apart from Parent/Guardian

Wash. Rev. Code § 7.70.065(3) provides that an

"unaccompanied homeless youth who is under the age of majority, who is not otherwise authorized to provide informed consent, and is unable to obtain informed consent [from a school nurse, school counselor or homeless student liaison] is authorized to provide informed consent for nonemergency, outpatient, primary care services, including physical examinations, vision examinations and eyeglasses, dental examinations, hearing examinations and hearing aids, immunizations, treatments for illnesses and conditions, and routine follow-up care customarily provided by a health care provider in an outpatient setting, excluding elective surgeries."

The statute defines "unaccompanied" as meaning "a youth experiencing homelessness while not in the physical custody of a parent or guardian" and "homeless" as meaning "without a fixed, regular, and adequate nighttime residence as set forth in the federal McKinney-Vento homeless education assistance improvements act of 2001."

The statute provides that a health care facility or a health care provider may, in its discretion, require documentation that the minor patient is an unaccompanied homeless youth. However, there is no obligation to require such

documentation. Acceptable documentation that a minor patient is an unaccompanied homeless youth includes a written or electronic statement signed under penalty of perjury by: staff at a governmental or nonprofit human services agency or homeless services agency; an attorney representing the minor patient; or an adult relative of the minor patient or other adult with knowledge of the minor patient and the minor patient's housing situation.

Minor Consent—Services

Abortion

Abortion is legal and protected in Washington. *Wash. Rev. Code* § 9.02.100 provides that “[t]he sovereign people hereby declare that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions. Accordingly, it is the public policy of the state of Washington that: . . . [e]very pregnant individual has the fundamental right to choose or refuse to have an abortion,” which may only be limited or interfered with by the state as specified in *Wash. Rev. Code* §§ 9.02.100 – 9.02.170 and 9.02.900 – 9.02.902. For up to date information on the status of abortion protections and restrictions in Washington, 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 parental notice or consent is not required. In *State v. Koome*, 530 P.2d 260 (1975), the Washington Supreme Court held that the absolute parental veto over minor's abortion in *Wash. Rev. Code* § 902.070 (subsequently repealed) was an unconstitutional violation of a minor's due process privacy and equal protection rights under the U.S. Constitution and the Washington Constitution.

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. However, *Wash. Rev. Code* § 9.02.100 provides that every individual has the fundamental right to choose or refuse birth control.

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

Wash. Rev. Code § 71.34.530 provides that “any adolescent” age 13 years or older may request and receive outpatient behavioral health services without the consent of the adolescent's parent.

Wash. Rev. Code § 71.34.020 defines an adolescent for this purpose. *Wash. Rev. Code* § 71.24.025 defines “behavioral health services” to include mental health services, substance use disorder treatment services, and co-occurring disorder treatment services.

Wash. Rev. Code § 71.34.530 provides that for minors under the age of 13, authorization from a parent or other person authorized to consent on behalf of the minor pursuant to *Wash. Rev. Code* § 7.70.065, is required for outpatient treatment. *Wash. Rev. Code* § 7.70.065 includes a list of individuals who are allowed to provide consent for a minor if a parent is not available.

Pregnancy-Related Care

No statute expressly authorizes minors to consent for pregnancy-related care. However, in *State v. Koome*, 530 P.2d 260, 267 (1975), the Washington Supreme Court held that a law allowing a parent the right to veto one type of pregnancy care (abortion) was an unconstitutional violation of a minor's due process privacy and equal protection rights under the U.S. Constitution and the Washington Constitution and concluded that the state could only legislate a minor's pregnancy if the “statutory scheme... protected them without sacrificing the privacy rights of pregnant minor women.”

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

Wash. Rev. Code § 70.24.110 provides that a minor age 14 or older who may have come in contact with any sexually transmitted disease may consent for hospital, medical, and surgical care related to the diagnosis or treatment of sexually transmitted diseases; and treatment to avoid HIV infection. The consent of the parents or guardian is not necessary. Parents shall not be liable for payment for services rendered under this section.

Wash. Rev. Code § 70.24.017 defines sexually transmitted diseases and specifies a list, which includes HIV, and which the Board of Health is authorized to add to based on recommendations of the CDC and other nationally recognized medical authorities.

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

Wash. Rev. Code § 71.34.530 provides that “any adolescent” age 13 years or older may request and receive outpatient behavioral health services without the consent of the adolescent's parent.

Wash. Rev. Code § 71.34.020 defines an adolescent for this purpose. *Wash. Rev. Code* § 71.24.025 defines

“behavioral health services” to include mental health services, substance use disorder treatment services, and co-occurring disorder treatment services.

Wash. Rev. Code § 71.34.530 provides that for minors under the age of 13, authorization from a parent or other person authorized to consent on behalf of the minor pursuant to *Wash. Rev. Code § 7.70.065*, is required for outpatient treatment. *Wash. Rev. Code § 7.70.065* includes a list of individuals who are allowed to provide consent for a minor if a parent is not available.

Wash. Rev. Code § 71.34.500 provides that adolescents age 13 years or older may admit themselves to an approved substance use disorder treatment program for inpatient substance use disorder treatment without parental consent. *Wash. Rev. Code § 71.34.020* defines an adolescent for this

purpose. The admission shall occur only if the professional person in charge of the facility concurs with the need for inpatient treatment. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to *Wash. Rev. Code § 7.70.065*, is required for inpatient treatment of a minor under the age 13 years. *Wash. Rev. Code § 7.70.065* includes a list of individuals who are allowed to provide consent for a minor if a parent is not available. When, in the judgment of the professional person in charge of an approved substance use disorder treatment program, there is reason to believe that a minor is in need of inpatient treatment because of a behavioral health disorder, and the facility provides the type of evaluation and treatment needed by the minor, and it is not feasible to treat the minor in any less restrictive setting or the minor’s home, the minor may be admitted to the facility.

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 Information Access/Disclosure

Wash. Rev. Code § 70.02.130 provides that “[a] person authorized to consent for health care for another may exercise the rights of that person with respect to health care information access and disclosure. If the patient is a minor and is authorized to consent for health care without parental consent under federal and state law, only the minor may exercise the rights of a patient [under the Uniform Health Care Information Act, *Wash. Rev. Code §§ 70.02.005 – 70.02.904*] as to information pertaining to health care to which the minor lawfully consented. In cases where

parental consent is required, a health care provider may rely, without incurring any civil or criminal liability for such reliance, on the representation of a parent that he or she is authorized to consent for health care for the minor patient.”

Wash. Admin. Code § 284-04-510 provides that a minor who may obtain health care without the consent of a parent or legal guardian under state or federal law may exclusively exercise the rights to limit disclosure of health information. These rights include the right to request that disclosure not be made to specific individuals and that information about certain services (reproductive health, sexually transmitted disease, chemical dependency, and mental health) not

be disclosed including through appointment notices, appointment confirmation calls, bills, and explanations of benefits.

Mental Health

Wash. Rev. Code § 70.02.240 provides for the confidentiality of information about mental health services for a minor under *Wash. Rev. Code chapter 71.34* and specifies when the information may be disclosed to the minor, the minor's parent, and others.

Wash. Rev. Code § 70.02.265 provides: "When an adolescent voluntarily consents to his or her own mental health treatment under *RCW 71.34.500* or *71.34.530*, a mental health professional shall not proactively exercise his or her discretion under *RCW 70.02.240* to release information or records related to solely mental health services received by the adolescent to a parent of the adolescent, beyond any notification required under *RCW 71.34.510*, unless the adolescent states a clear desire to do so which is documented by the mental health professional, except in situations concerning an imminent threat to the health and safety of the adolescent or others, or as otherwise may be required by law."

Sexually Transmitted Disease

Wash. Rev. Code § 70.02.220 provides that no person may disclose or be compelled to disclose information and records related to sexually transmitted diseases, except as authorized by this section, *Wash. Rev. Code §§ 70.02.210, 70.02.205, or Rev. Code Ch. 70.24*. A person may disclose information related to sexually transmitted diseases about a patient without the patient's authorization, to the extent a recipient needs to know the information, if the disclosure is to the subject of the test or the subject's legal representative for health care decisions in accordance with *Wash. Rev. Code § 7.70.065*, with the exception of such a representative of a minor fourteen years of age or over and otherwise capable of making health care decisions.

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

Mental Health

Wash. Rev. Code § 71.34.430 provides that a mental health agency, psychiatric hospital, or evaluation and treatment facility may release mental health information about an adolescent to a parent of the adolescent without the consent of the adolescent by following the limitations and restrictions of *Wash. Rev. Code §§ 70.02.240 and 70.02.265*.

Wash. Rev. Code § 70.02.265 provides:

"(1) (a) When an adolescent voluntarily consents to his or her own mental health treatment under *Wash. Rev. Code §§ 71.34.500 or 71.34.520*, a mental health professional shall not proactively exercise his or her discretion under *Wash. Rev. Code § 70.02.240* to release information or records related to solely mental health services received by the adolescent to a parent of the adolescent, beyond any notification required under *Wash. Rev. Code § 71.34.510*, unless the adolescent states a clear desire to do so which is documented by the mental health professional, except in situations concerning an imminent threat to the health and safety of the adolescent or others, or as otherwise may be required by law.

(b) In the event a mental health professional discloses information or releases records, or both, that relate solely to mental health services of an adolescent, to a parent pursuant to *Wash. Rev. Code § 70.02.240*, the mental health professional must provide notice of this disclosure to the adolescent and the adolescent must have a reasonable opportunity to express any concerns about this disclosure to the mental health professional prior to the disclosure of the information or records related solely to mental health services. The mental health professional shall document any objections to disclosure in the adolescent's medical record if the mental health professional subsequently discloses information or records related solely to mental health services over the objection of the adolescent."

Wash. Rev. Code § 70.02.240 provides that the fact of admission and all information and records related to mental health services obtained by a minor through inpatient and outpatient treatment of a minor must be kept confidential and specifies in detail the situations in which the information may be disclosed, including to "the minor, the minor's parent, including those acting as a parent . . . for purposes of family-initiated treatment, and the minor's attorney."

Wash. Admin. Code § 246-924-363 provides that a psychologist, for clients age 13 to 18 years, shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional duties. Subject to exceptions specified in the section, the psychologist shall disclose confidential information to others only with the informed written consent of the client.

Wash. Admin. Code § 246-924-363 provides that a psychologist, for clients 13 to 18 years, shall clarify limits to confidentiality between the minor and legal guardian at the beginning of any service and that a psychologist will act in the minor client's best interests in deciding whether to disclose confidential information to the legal guardians 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

Wash. Admin. Code § 284-04-510 provides:

"(1)(a) Notwithstanding other provisions of *Wash. Rev. Code Title 284, Chapter 4*, a licensee shall limit disclosure of any information, including health information, about an individual who is the subject of the information if the individual clearly states in writing that disclosure to specified individuals of all or part of that information could jeopardize the safety of the individual. Disclosure of information under this subsection shall be limited consistent with the individual's request, such as a request for the licensee to not release any information to a spouse to prevent domestic violence. (b) Whenever the licensee is a health carrier, as defined in *Wash. Rev. Code § 284-43-0160*, and the request relates to a protected individual, as defined in *Wash. Rev. Code § 48.43.005*, the health carrier must follow *Wash. Rev. Code § 48.43.505*.

(2) (a) Notwithstanding any insurance law requiring the disclosure of information, a licensee shall not disclose nonpublic personal health information concerning health services related to reproductive health, sexually transmitted diseases, chemical dependency and mental health,

including mailing appointment notices, calling the home to confirm appointments, or mailing a bill or explanation of benefits to a policyholder or certificate holder, if the individual who is the subject of the information makes a written request. In addition, a licensee shall not require an adult individual to obtain the policyholder's or other covered person's authorization to receive health care services or to submit a claim. (b) Whenever the licensee is also a health carrier, as defined in *Wash. Rev. Code § 284-43-0160*, and the request relates to a protected individual, as defined in *Wash. Rev. Code § 48.43.005*, the health carrier must follow *Wash. Rev. Code § 48.43.005*.

(3) (a) A licensee shall recognize the right of any minor who may obtain health care without the consent of a parent or legal guardian pursuant to state or federal law, to exclusively exercise rights granted under this section regarding health information; and

(b) Shall not disclose any nonpublic personal health information related to any health care service to which the minor has lawfully consented, including mailing appointment notices, calling the home to confirm appointments, or mailing a bill or explanation of benefits to a policyholder or other covered person, without the express authorization of the minor. In addition, a licensee shall not require the minor to obtain the policyholder's or other covered person's authorization to receive health care services or to submit a claim as to health care which the minor may obtain without parental consent under state or federal law; and

(c) Whenever the licensee is also a health carrier, as defined in *Wash. Rev. Code § 284-43-0160*, the health carrier must follow *Wash. Rev. Code § 48.43.005*.

(4) When requesting nondisclosure, the individual shall include in the request:

(a) Their name and address;

(b) Description of the type of information that should not be disclosed;

(c) In the case of reproductive health information, the type of services subject to nondisclosure;

(d) The identity or description of the types of persons from whom information should be withheld;

(e) Information as to how payment will be made for any benefit cost sharing;

(f) A phone number or email address where the individual may be reached if additional information or clarification is necessary to satisfy the request.

(5) Where the licensee is required to follow *Wash. Rev. Code § 48.43.005*, the nondisclosure request shall be made using the form in *Wash. Rev. Code § 48.43.005(4)*."

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.

Constitution

Wash. Const. Art. I, § 3 states: “No person shall be deprived of life, liberty, or property, without due process of law.”

Wash. Const. Art. I, § 12 states: “No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.”

In *State v. Koome*, 530 P.2d 260 (1975), the Washington Supreme Court held that the absolute parental veto over minor’s abortion in *Wash. Rev. Code § 902.070* (subsequently repealed) was an unconstitutional violation of a minor’s due process privacy and equal protection rights under the U.S. Constitution and *Art. I, §§ 3 and 12* of the Washington Constitution.

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

Emergency Care

Wash. Rev. Code. § 18.71.220 provides that a physician or hospital shall not be subject to civil liability, based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital, or health services to any individual regardless of age where its patient is unable to give his or her consent for any reason and there is no other person reasonably available who is legally authorized to consent for the providing of such care, provided that such physician or hospital has acted in good faith and without knowledge of facts negating consent.

Financial Responsibility

Wash. Rev. Code § 70.24.110 provides that a minor age 14 or older who may have come in contact with any sexually transmitted disease may consent for hospital, medical, and surgical care related to the diagnosis or treatment of sexually transmitted diseases; and treatment to avoid HIV infection. The consent of the parents or guardian is not necessary. Parents shall not be liable for payment for services rendered under this section.

Gender Affirming Care

There are no restrictions on access to gender affirming care in Washington 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](#).

Reproductive Freedom

Wash. Rev. Code § 9.02.100 provides that “[t]he sovereign people hereby declare that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions. Accordingly, it is the public policy of the state of Washington that:

- (1) Every individual has the fundamental right to choose or refuse birth control;
- (2) Every pregnant individual has the fundamental right to choose or refuse to have an abortion, except as specifically limited by *Wash. Rev. Code §§ 9.02.100 – 9.02.170* and *§§ 9.01.900 – 9.01.902*.
- (3) Except as specifically permitted by *Wash. Rev. Code §§ 9.02.100 – 9.02.170* and *§§ 9.01.900 – 9.01.902* through *9.02.902*, the state shall not deny or interfere with a pregnant individual’s fundamental right to choose or refuse to have an abortion; and
- (4) The state shall not discriminate against the exercise of these rights in the regulation or provision of benefits, facilities, services, or information.”

Shield Laws

In 2023, Washington enacted its “shield law,” [H.B. 1469](#), the which includes protections designed to shield health care providers when they legally provide “protected health care services,” which include “reproductive health care services” and “gender-affirming treatment” that are lawful in the state of Washington. The statute defines these terms for this purpose. Examples of these protections include, but are not limited to: *Wash. Rev. Code § 5.51.020* (subpoenas), *§ 9.73.040* (protection of communications), *§ 9.73.260* (electronic tracking), and *§ 10.88.250* (extradition).

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

Revised Code of Washington <https://apps.leg.wa.gov/rcw/>

Washington Administrative Code <https://apps.leg.wa.gov/wac/>

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