



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: MEDICAL CONSENT FOR MINORS

Policy No.: B504.3

Supersedes April 5, 2019

Revised: May 18, 2022

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PURPOSE:

To provide a procedure for determining who may consent for medical treatment on behalf of minors.

POLICY:

The person who has the legal authority to consent for the treatment of a minor also has the legal authority to refuse treatment.

“**Minors**” are all person under 18 years of age (Family Code Section 6500). Parents have a legal obligation to provide the necessities of life for their minor children, including medical care (Penal Code Section 270). Until the minor reaches 18 years of age, the parents also have the right to control that care.

There are some exceptions to this general rule based on the status of the minor. **A minor may provide his/her consent** to obtain medical treatment when a minor is emancipated or self-sufficient.

- **Emancipated Minor:** 14 years or older, may direct their own care if they are legally married, or joined the armed forces, or declared by the judge as emancipated.
- **Self-Sufficient Minor:** 15 years or older, may direct their own care if they are living away from home and managing their own financial status.
- The minor seeking treatment for a statutorily specified medical need or there is some other specialized situation recognized by the law which parental consent is not required. Attached to this policy is a guideline of “Consent Requirements for Medical Treatment of Minors” from the California Hospital Association.

PROCEDURES:

I. MINORS LACKING LEGAL AUTHORITY TO CONSENT:

When a minor needs medical treatment, health care providers must obtain consent from a parent, guardian or other legally responsible person. Consult with Social Work or Case Management staff to determine the person legally authorized to consent for the minor. Contact Risk Management for any consent related questions.

- **Adopted Minor**—Where a minor has been legally adopted, the adoptive parents have the

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right to consent to medical care on behalf of the minor.

- **Foster Parents**—Licensed foster care providers may consent to “ordinary” medical and dental treatment for a minor placed with them pursuant to a court order or with voluntary consent of the person having legal custody of the minor. “Ordinary” treatment includes but is not limited to immunizations, physical examinations, and X-rays. Written evidence of foster parent’s authority or court order should be placed in the medical record.
- **Guardian**—If a guardian has been appointed for a minor, the ability of the guardian to consent to medical treatment depends on the specific authority granted by the court and type of treatment. A copy of the official certified letters of guardianship should be placed in the minor’s medical record prior to proceeding with treatment.
- **Minors with divorced parents**—When there is shared custody, it is recommended that both parents sign the consent forms. If a disagreement exists with regards to treatment, a copy of the court’s order pertaining to the custody of the minor should be obtained to determine which parent has the authority to make health care decisions of the child. If one parent has sole custody, then that parent has the right and responsibility to make health care decisions.
- **Minors with married parents**—When there is no disagreement between the parents of a minor, either parent has the legal authority to consent. When one parent consents to treatment but the other parent is opposed, treatment should not be provided until the conflict is resolved.
- **Non-parent Adult Relative**—A non-parent adult relative with whom the minor is living may authorize medical and dental care for the minor by completing and signing the “Caregiver’s Authorization Affidavit.” Refer to Administrative Policy B503.2 “Authorization by Non-Parent to Treat Minors.”
- **Stepparent or Registered Domestic Partner Parent**—A stepparent or registered domestic partner parent who has not legally adopted a minor does not have the authority to consent to treatment without written authorization from the natural parent or guardian, or a valid Caregiver’s Authorization Affidavit. Refer to Administrative Policy B503.2 “Authorization By Non-Parent to Treat Minors.”

II. MINORS IN CUSTODY OF THE JUVENILE COURT:

Under certain circumstances, a minor may be either a dependent child of the juvenile court pursuant to Welfare and Institutions Code Section 300 (a child in danger or abuse or neglect) or a ward of the juvenile court pursuant to Welfare and Institutions Code 601 (a disobedient or truant child) or 602 (a child who has committed a crime). In either event, the court may authorize medical treatment for the minor. A copy of the court order should be obtained and placed in the medical record before treatment is provided.

III. MINORS IN CUSTODY OF A SOCIAL WORKER OR PROBATION OFFICER:

Social workers and probations officers generally do not have the authority to consent to treatment on behalf of minors in their custody. The juvenile court will order that the social worker or probation officer be given the power to authorize such medical treatment as may appear necessary only when the parent, guardian or other person who is authorized to give consent is unwilling or unable to authorize medical treatment. Consent from parent, guardian or

other person authorized to give consent or court order authorizing treatment must be placed in the patient's medical record.

- If a minor is in temporary custody, a social worker or probation officer may, upon recommendation of the minor's physician authorize medical treatment for the minor providing that the social worker first notifies the parent, guardian, or other person who is authorized to give consent. If such person objects, treatment can be provided only upon the order of the court.
- If the court has ordered the care, custody, and control of a minor to be under the supervision of the probation officer, the officer may place the minor in the home of a relative. In that case, the court may authorize the relative to give legal consent for the minor's medical, surgical, and dental care.
- In an emergency situation, treatment may be provided by a physician or dentist as appropriate without a court order and upon authorization of a social worker or probation officer. The consent of a parent, guardian or other legally authorized person is not required, but reasonable efforts must be made by the social worker or probation officer to obtain such consent or at least notify the parent or guardian.
- The social worker at the Department of Children and Family Services may be reached by calling the 24 hour Hotline at 1-800-540-4000.
- The probation officer can be identified by calling the Probation Department Intake and Detention office at (562) 940-8660.

IV. MINORS WHO ARE SUSPECTED VICTIMS OF CHILD ABUSE

- A physician or dentist may take skeletal X-ray of a child without the consent of the child's parent or guardian but only for the purpose of diagnosing the case as one of possible child abuse or neglect and determining the extent of such child abuse or neglect.
- If further treatment is necessary and the parents object, contact Risk Management. It may be necessary to seek a petition to declare the minor a dependent child of the juvenile court for the purposes of assuring that he or she receives the proper medical care.
- If the minor has been sexually assaulted, the minor may give consent to medical treatment.

V. MINORS WHO ARE DEVELOPMENTALLY DISABLED

The director of a regional center or his designee may give consent to medical, dental, and surgical treatment of a regional center client and provide for such treatment to be given to the person under the following conditions:

- If the parent or guardian is not available to consent for medical treatment, or does not respond to the request of the Director of the Regional Center within a "reasonable amount of time", the Director or Designee of the Regional Center may give consent for medical, dental, and surgical treatment if the minor is a Regional Center client. (Welfare and Institutions Code 4655).

- If the developmentally disabled person has no parent, guardian, or conservator legally authorized to consent to medical, dental, or surgical treatment on behalf of the person, the director of the regional center or his designee may consent to such treatment on behalf of the person and provide for such treatment to be given to the person. The director of a regional center or his designee may thereupon also initiate, or cause to be initiated, proceedings for the appointment of a guardian or conservator legally authorized to consent to medical, dental, or surgical services.

Attachment: “Consent Requirement for Medical Treatment of Minors”

References: Family Code Section 6500
Welfare and Institutions Code 601, 602, 4655
Administrative Policy B503.2 “Authorization By Non-Parent to Treat Minors.”
California Hospital Association: Consent Manual 2020

Consent Requirements for MEDICAL TREATMENT OF MINORS

IF MINOR IS:	<i>Is parental consent required?</i>	<i>Are parents responsible for costs? †</i>	<i>Is minor's consent sufficient?</i>	<i>May M.D. inform parents of treatment without minor's consent?</i>
Unmarried, no special circumstances	Yes	Yes	No	Yes
Unmarried, emergency care and parents not available [Business and Professions Code § 2397]	No	Yes	Yes, if capable	Yes
Married or previously married [Family Code § 7002]	No	No	Yes	No
Emancipated (declaration by court, identification card from DMV) [Family Code §§ 7002, 7050, 7140]	No	Probably Not ¹	Yes	No
Self-sufficient (15 or older, not living at home, manages own financial affairs) [Family Code § 6922]	No	No	Yes	†
Not married, care related to prevention or treatment of pregnancy, except sterilization [Family Code § 6925]	No	No	Yes	No
Not married, seeking abortion	No	No	Yes	No
Not married, pregnant, care not related to prevention or treatment of pregnancy and no other special circumstances	Yes	Yes	No	Yes
On active duty with Armed Forces [Family Code § 7002]	No	No	Yes	No
12 or older, care related to diagnosis or treatment of a communicable reportable disease or to prevention of an STD [Family Code § 6926]	No	No	Yes	No
12 or older, care for rape ¹ [Family Code § 6927]	No	No	Yes	Yes, usually
Care for sexual assault ¹ [Family Code § 6928]	No	No	Yes	Yes, usually
12 or older, care for alcohol or drug abuse ¹ [Family Code § 6929]	No ²	Only if parents are participating in counseling	Yes	Yes, usually
12 or older, care for mental health treatment, outpatient only ¹ [Family Code § 6924; Health and Safety Code Section 124260]	No	Only if parents are participating in counseling	Yes	Yes, usually
17 or older, blood donation only [Health and Safety Code § 1607.5]	No	No	Yes	Probably not

¹ Special requirements or exceptions may apply. See Chapter 2 of the Consent Manual or Chapter 3 of Minors & Health Care Law.

² Parental consent is required for a minor's participation in replacement narcotic abuse treatment (such as methadone, LAAM or buprenorphine products) in a program licensed pursuant to Health and Safety Code Section 11875 (now codified at Section 11839 *et. seq.* [Family Code § 6929(e)]

Note: Notwithstanding the above information, a psychotherapist may not disclose mental health information to a parent who has lost physical custody of a child in a juvenile court dependency hearing unless the parent has obtained a court order granting access to the information.

† Reference: Welfare and Institutions Code Section 14010

Minors are defined as all persons under 18 years of age.

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