# MINORS, TREATMENT OF

## Can minors legally consent to their own health care?

In some cases, yes. A minor can legally provide consent in the following circumstances:

* If the minor is emancipated (legally independent)[[1]](#footnote-1) or married to someone over age 18.[[2]](#footnote-2)
* If emergency care is being given, and the parent or legal guardian is unable to provide consent.[[3]](#footnote-3)
* For birth control[[4]](#footnote-4) and pregnancy-related care.[[5]](#footnote-5) See **BIRTH CONTROL**; and **PREGNANCY CARE.**
* For sexually transmitted diseases, including HIV if the minor is age 14 or older. See **AIDS/HIV/STD**.
* For outpatient drug and alcohol abuse treatment if the minor is age 13 or older. [[6]](#footnote-6)
* For outpatient mental health treatment, if the minor is age 13 or older. [[7]](#footnote-7)

For any other care and treatment of a minor, consent of a parent or guardian is usually necessary.

## Can a minor’s parent obtain copies of a minor’s medical record?

Yes and no. A minor’s parent can obtain copies of most of a minor’s record by signing an authorization as the parent.[[8]](#footnote-8) Absent the minor’s consent, however, a minor’s parent cannot obtain copies of records for care and treatment as to which the minor had the right to consent.[[9]](#footnote-9) See **DISCLOSURE OF HEALTH CARE INFORMATION**.

## Can a minor 14 years old or older receive testing and treatment for HIV or other STD without parental notification or parental consent?

Yes.[[10]](#footnote-10) See **AIDS/HIV/STD**.

## May birth control be prescribed for minors without parental notification or parental consent?

Generally, yes.[[11]](#footnote-11) See **BIRTH CONTROL**.

## May a minor receive pregnancy care without parental consent?

Generally, yes. An otherwise competent minor may receive pregnancy care without parental consent.

## May an abortion be performed on a minor without parental notification or parental consent?

Generally, yes.[[12]](#footnote-12) See **ABORTION**.

## May an abortion be performed on a minor against the minor’s will?

Generally, no. See **ABORTION**.

## May a sterilization procedure be performed on a minor without parental notification or parental consent?

Generally, no.[[13]](#footnote-13) See **BIRTH CONTROL**.

## May a sterilization procedure be performed on a minor against the minor’s will?

Generally, no.[[14]](#footnote-14) See **BIRTH CONTROL**.

## May a minor be involuntarily committed?

Yes.[[15]](#footnote-15) See **INVOLUNTARY COMMITMENT – CHEMICAL DEPENDENCY**; and **INVOLUNTARY COMMITMENT – MENTAL DISORDERS** for circumstances under which involuntary commitment of a minor is permissible.

## May a minor request and receive outpatient drug or alcohol abuse treatment without consent of the minor’s parents?

Yes.[[16]](#footnote-16) An otherwise competent minor, age 13 or older, may consent to and receive outpatient drug or alcohol treatment by a chemical dependency treatment program. Parental consent, however, is required for treatment of a minor under age 13.

## When must a physician provide notice of outpatient drug or alcohol abuse treatment of a minor to the minor’s parents?

Any provider of outpatient drug or alcohol abuse treatment to a minor age 13 or older must provide notice of the minor’s request for treatment to the minor’s parents if:[[17]](#footnote-17)

* The minor consents to disclosure in writing; or
* The treatment program director determines that the minor lacks capacity to make a rational choice regarding consenting to disclosure.

Notice, when required, must be provided within seven days of the request for treatment, excluding Saturdays, Sundays, and holidays.[[18]](#footnote-18) The notice must specify the location of the treatment facility and the name of a treatment professional on the staff of the facility providing treatment designated to discuss the minor’s need for treatment with the parent.[[19]](#footnote-19)

## May a minor request and receive inpatient drug or alcohol abuse treatment without parental consent?

Except in limited circumstances, no.[[20]](#footnote-20) Consent of a parent is required for inpatient chemical dependency treatment of a minor, unless DSHS determines that the child is in need of necessary services, including food, clothes, shelter, and health care, and the parents have evidenced unsuccessful efforts to maintain the family structure.

## Is a parent of a minor who receives chemical dependency treatment without the parent’s consent liable for payment for the care?

No.[[21]](#footnote-21) A parent of a minor is not liable for payment for the chemical dependency treatment of the minor unless the parent has consented to the treatment. See **BILLING**.

## May the parent of a minor child initiate outpatient chemical dependency treatment of the minor without the minor’s consent?

Yes.[[22]](#footnote-22) A parent may bring, or authorize the bringing of, his or her minor child, even one who is age 13 or older, to a provider of outpatient chemical dependency treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a chemical dependency and is in need of outpatient treatment. The consent of the minor is not required for evaluation if the parent brings the minor to the provider.

## May the parent of a minor initiate inpatient chemical dependency of the minor without the minor’s consent?

Yes. [[23]](#footnote-23) See **INVOLUNTARY COMMITMENT – CHEMICAL DEPENDENCY**.

## May a minor request and receive outpatient mental health treatment without parental consent?

Yes, if the minor is age 13 or older.[[24]](#footnote-24) Parental authorization, or authorization from a person who may consent on behalf of the minor, however, is required for outpatient mental health treatment of a minor under age 13.

## May a minor request and receive inpatient mental health treatment without parental consent?

Under certain circumstances for minors age 13 or older, yes.[[25]](#footnote-25) A minor, age 13 or older, may, with the concurrence of the professional person in charge of an evaluation and treatment facility, admit himself or herself without parental consent, or authorization from a person who may consent on behalf of the minor, provided that:

* Notice of the minor’s admission to inpatient treatment, including the location and telephone number of the inpatient facility, the name of the professional person providing treatment to the minor, and the medical necessity for the admission is given to the minor’s parent by the facility in the form most likely to reach the parent within 24 hours.[[26]](#footnote-26)
* Unless the facility files a petition for continued detention of the minor, the minor must be released to the parent at the parent’s request.[[27]](#footnote-27)

A minor under age 13 may be admitted for inpatient mental health evaluation and treatment only by application of the minor’s parent, or with authorization from a person who may consent on behalf of the minor.[[28]](#footnote-28)

## May the parent of a minor child initiate outpatient mental health treatment of the minor without the minor’s consent?

Yes.[[29]](#footnote-29) A parent may bring, or authorize the bringing of, his or her minor child, even one who is age 13 or older, to a provider of outpatient mental health treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a mental disorder and is in need of outpatient treatment. The consent of the minor is not required for evaluation if the parent brings the minor to the provider. Parental authorization, or the authorization of a person who may otherwise legally consent on behalf of a child, is required for inpatient treatment of a minor under 13 years of age.[[30]](#footnote-30)

## May the parent of a minor child initiate inpatient mental health treatment of the minor without the minor’s consent?

Yes.[[31]](#footnote-31) See **INVOLUNTARY COMMITMENT – MENTAL DISORDERS.**

## Must child abuse be reported?

Yes.[[32]](#footnote-32) See CHILD ABUSE for reporting circumstances and requirements.

1. RCW 13.64.060(1)(h). [↑](#footnote-ref-1)
2. RCW 26.28.020. [↑](#footnote-ref-2)
3. RCW 18.71.220. [↑](#footnote-ref-3)
4. RCW 9.02.100. [↑](#footnote-ref-4)
5. *State v. Koome*, 84 Wn.2d 901 (1975). [↑](#footnote-ref-5)
6. RCW 70.96A.095. [↑](#footnote-ref-6)
7. RCW 71.34.530. [↑](#footnote-ref-7)
8. RCW 70.02.130(1). [↑](#footnote-ref-8)
9. *Id*. [↑](#footnote-ref-9)
10. RCW 70.24.110. [↑](#footnote-ref-10)
11. RCW 9.02.100(1). [↑](#footnote-ref-11)
12. RCW 9.02.100(2), *State v. Koome*, 84 Wn.2d 901 (1975). [↑](#footnote-ref-12)
13. *Smith v. Seibly*, 72 Wn.2d 16 (1967); *In re* Guardianship of Hayes, 93 Wn.2d 228, 232–33, 238 (1980). [↑](#footnote-ref-13)
14. *In re Guardianship of Hayes*, 93 Wn.2d 228 (1980). [↑](#footnote-ref-14)
15. RCW 70.96A.235 (Chemical Dependency); RCW 71.34.010, 375 (Mental Disorders). [↑](#footnote-ref-15)
16. RCW 70.96A.095. [↑](#footnote-ref-16)
17. RCW 70.96A.230. [↑](#footnote-ref-17)
18. *Id*. [↑](#footnote-ref-18)
19. *Id*. [↑](#footnote-ref-19)
20. RCW 70.96A.235. [↑](#footnote-ref-20)
21. RCW 70.96A.240. [↑](#footnote-ref-21)
22. RCW 70.96A.250. [↑](#footnote-ref-22)
23. RCW 70.96A.245. [↑](#footnote-ref-23)
24. RCW 71.34.530. [↑](#footnote-ref-24)
25. RCW 71.34.500(1). [↑](#footnote-ref-25)
26. RCW 71.34.510. [↑](#footnote-ref-26)
27. RCW 71.34.650(4). [↑](#footnote-ref-27)
28. RCW 71.34.500(1). [↑](#footnote-ref-28)
29. RCW 71.34.650(1), (2). [↑](#footnote-ref-29)
30. RCW 71.34.530. [↑](#footnote-ref-30)
31. RCW 71.34.600(1), (2). [↑](#footnote-ref-31)
32. RCW 26.44.030. [↑](#footnote-ref-32)