

Clinical Services TIPS

Treatment, Interventions, Protocols, and Suggestions

Minor Consent for Medi-Cal Mental Health Services

1. Minor Consent Laws for Mental Health Services

Health and Safety Code (HSC) Section 124260 and California Family Code section 6924 allow minors who are 12 years and older to consent to “mental health treatment or counseling on an outpatient basis,” and “residential shelter services” if the treatment professional¹ determines they are mature enough to participate intelligently in services.

These laws require that treatment services involve the parent or guardian **unless, after consulting with the minor**, the treating professional determines that their involvement would be inappropriate.

Exception: Parental or guardian consent is always required for inpatient/residential, psychotropic medication, convulsive therapy, narcotic replacement therapy in a narcotic treatment program², and other invasive and potentially risky treatment (e.g., psychosurgery).

2. Legal Scope of Consent

When minors consent to mental health services under the above statutes, they must sign all treatment documents and Release of Information (ROI) forms.

Regardless of who initially consents to treatment, these minors are in control of their medical records, and any release of information must be permitted by the minor. Parents do not have automatic access to the minor’s records or involvement in treatment unless authorized by the youth.

For example, a 14 year old is admitted to outpatient services. Initially both the minor and parents sign the consent to treat form. Later, the parents request a copy of a recently

¹ A treatment professional includes licensed, registered, waived clinicians, and interns and trainees working under the supervision of a licensed professional.

² A minor 16 years of age or older may consent to receive medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without the consent of the minor’s parent or guardian only if, and to the extent, expressly permitted by Federal law.

completed assessment. Prior to release to the parents, the minor must sign a ROI granting this release of Protected Health Information.

3. Provider Responsibilities

- a. **Determining Minor Consent Eligibility:** Providers must use their professional judgement and expertise to determine whether the minor is mature enough to consent and participate intelligently in treatment. This information must be documented in the clinical record.
- b. **Caregiver Involvement:** When a minor can consent to their own treatment, providers consult with the minor about involving their caregiver in treatment.

Following consultation with the minor, the provider must note their determination regarding the appropriateness of involvement of the parent or guardian in the client record, stating either: (1) whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful; or (2) the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian." ([BHIN 24-046](#), p.4)

- c. **ROI Requirements:** Minors that can consent to treatment own their clinical records. Even if the parents are involved in the minor's care, they do not have automatic access to the minor's records. Providers must obtain a ROI from the minor before releasing clinical records to the minor's caregivers or third parties. Document all attempts to obtain a ROI.

4. Medi-Cal Billing Options and Confidentiality Safeguards

All mental health services provided to youth over the age of 12 are considered confidential and sensitive services, as defined under California Civil Code § 56.05(s). Minors who consent to their treatment can continue to use their existing full-scope Medi-Cal benefits. County MHPs and MCPs must adhere to HIPAA, Civil Code (CIV) section 56.107 and Insurance Code (INS) section 791.29. This means that they must treat minor consent mental health services as confidential and sensitive. They must suppress Explanation of Benefits, Notice of Actions, and other communications that would violate confidentiality.

Minors may choose to apply for limited scope *Medi-Cal Minor Consent Services*. All services provided through *Medi-Cal Minor Consent Services* are also sensitive and confidential, and no communication will be directed to the parents or guardians, except as required by law.

To learn more about *Medi-Cal Minor Consent Services*, see [4V - MINOR CONSENT SERVICES](#).

5. Scenarios

Below are several situations where minor consent may apply. In all situations, providers should document their clinical rationale and assessment clearly in the clinical record.

- **Caregiver is unavailable to sign consent form:** Minors 12 years or older who are mature enough to consent and participate intelligently in treatment can self-consent to outpatient services, without the caregiver's signature.
- **Parents sign the consent form:** Parents and legal guardians have always been able to consent to their child's mental health care. The Family Code and Health and Safety Code do not change that. These two laws just allow a minor to consent to services when the provider deems them mature enough to participate intelligently. It does not negate the ability of the parent or guardian to consent for minors ages 12-17. It is acceptable if the minor doesn't want to sign the consent and the parent signs it instead.
- **Minor requests confidential services:** If a minor 12 years or older requests confidential services and there is potential for harm if treatment is disclosed or revealed in any manner, the provider and Medi-Cal entity (MHP or MCP) must protect their information from disclosure to their caregiver. A minor may use their existing full-scope Medi-Cal benefits or apply for limited scope Medi-Cal Minor Consent Services. See section 4 for Medi-Cal Billing Options and Confidentiality Safeguards.
- **Parental conflict:** In situations where the minor consents to services but one or both parents adamantly oppose treatment, the provider may inform the minor of their rights while discussing clinical options (e.g., referring the minor to another provider, convening a family meeting, initiating services and ceasing contact with the parents).
- **Emergency situations:** In a clinical emergency, providers may contact caregivers or emergency services without a signed ROI if the youth is at imminent risk. Document all such actions and clinical rationale.
- **Court orders:** If a court order mandates parental involvement or disclosure, consult with your supervisor or legal counsel before proceeding.

6. When in Doubt

Consult with a supervisor, program manager, or compliance officer if you are uncertain about whether a youth qualifies for minor consent or how to document caregiver involvement appropriately.

Resources

- [CA Health & Safety Code § 124260](#)
- [California Family Code §6924](#)
- [CA Assembly Bill 665](#)
- DHCS All Plan Letter (APL-24-019) [Minor Consent to Outpatient Mental Health Treatment or Counseling](#)
- DHCS Behavioral Health Information Notice (BHIN 24-046), [Minor Consent to Outpatient Mental Health Treatment of Counseling](#)
- [Medi-Cal Eligibility Procedures Manual \(4V - Minor Consent\)](#) regarding limited scope Minor Consent services
- Definitions of sensitive services, [CA CIV § 56.05 \(s\)](#) and [CA INS § 791.02 \(ac\)](#)
- [DHCS AB-665 FAQ](#)
- National Center for Youth Law, Minor Consent for Mental Health Care — Implementing Assembly Bill 665 [Frequently Asked Questions](#)

Disclaimer: This document complements, but does not replace, CBO-specific policies. Staff must comply with evolving standards, laws, and organizational requirements. Guidance may change to reflect regulatory or contractual updates.