

POLICY & PROCEDURE

Policy:	TREATMENT OF MINORS	
History:	Date of original:	Date of revision: 6/2011, 10/2013, 1/2016, 6/2018, 12/2019, 4/2021, 5/2024
Approval:	Title: Associate Vice President, Student Health, Counseling and Wellness	
	Signature: Janeu Mario	

PURPOSE:

To acknowledge and provide resources for access to the applicable state laws defining minors for specific medical purposes.

POLICY:

Minors are generally considered to be individuals under the age of 18. Valid parental consent for medical treatment of a minor is required under most circumstances. However, minors are considered to be emancipated if over 15 years of age, not living at home, and managing their own financial affairs. Student residing in the Residence Halls or an off-campus apartment, even if parental financial support is provided, normally meet the definition of an emancipated minor. All international students, married students (regardless of age), and students who are clearly independent and managing their own finances, even if living in the dorm, are considered to be emancipated and may consent to medical treatment. Even in such circumstances, the student should be urged to contact his/her parent or guardian when medical care is contemplated. For complex cases that require comprehensive review a Interdisciplinary Treatment Team may evaluate the case before the initiation of care.

Medical treatment of minors is governed by state laws. You may refer to this California website for further guidance/information: http://teenhealthlaw.org/

The following three (3) paragraphs were taken from the above website:

Mental Health Treatment and Counseling

In accordance with California law, a minor who is 12 years of age or older may consent to outpatient mental health services, if, in the opinion of the professional person, as defined, the minor is mature enough to participate intelligently in the mental health treatment or counseling services.

Sexually Transmitted Diseases

To the extent that STD services are funded in full or in part by Title X, minors of any age may consent. See "Title X Family Planning" supra.

In other cases, state law applies: "A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may



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consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Director of Health Services." Cal. Family Code § 6926(a)

Family Planning

Federal regulations establish special access rules for family planning services funded through Title X. Providers delivering services funded in full or in part with Title X monies must comply with the federal regulations. Federal law requires that Title X funded services be available to all adolescents, regardless of their age, without the need for parental consent. 4C.F.R. 59.5(a)(4). This regulation supersedes any state law to the contrary.

Thus, minors of any age may consent to family planning services when those services are funded in full or in part by Title X monies. For family planning services not funded by Title X, state consent law applies in most cases.

Under state law, a minor of any age may consent to medical care related to the prevention or treatment of pregnancy. This includes contraception. It does not allow a minor to consent to sterilization. Cal.Family Code § 6925.

In accordance with Business & Professions Code § 2397 parental consent is <u>not</u> required for emergency care of an unmarried minor if parents are not available. Consent may be obtained by telephone and when possible another staff member should be on the line as a witness and to document this in the patient's clinical record. Consent should be sought for all invasive care.

Care should <u>not</u> be withheld in acute emergency conditions where loss of life or limb might be prevented or to preclude acute suffering. Transportation by Emergency Medical Services (EMS) for definitive treatment is the obvious step where consent may be lacking but care is clinically indicated.