

Adolescents and Confidential Health Care

MINOR CONSENT AND CONFIDENTIALITY IN MINNESOTA

Background

Minnesota Statutes 144.341-144.347 were enacted in 1971 to increase timely access for minors seeking appropriate care for sensitive issues such as pregnancy, sexually transmitted infections, and substance use. In 2023, Minnesota Statute 144.3431 was enacted to allow minors 16 years of age and older to consent to outpatient mental health care. Minnesota Statute 253B.04 allows minors 16 years of age and older to consent for inpatient mental health services. These minor consent laws also permit health care professionals to contact parents or guardians if failure to inform them would seriously jeopardize the health of the minor patient ([Sec. 144.346 MN Statutes](#)).

Why these laws are important?

While parental involvement in all aspects of an adolescent's care is ideal, privacy concerns are often the primary barrier to adolescents seeking health care services.¹ Privacy concerns impact adolescent health care in several ways, including whether adolescents seek care, when they seek care, where they seek care, and how openly they speak to health care providers.^{2,3} Some young people with concerns over sensitive health issues may forego care altogether if they are required to get parental consent for services.^{3,4} If confidentiality is assured, adolescents are significantly more likely to seek health care and communicate openly

with a health care provider.^{3,5,6} Health care professionals can also work with young people to help them communicate with their parents or guardian about their health care goals and needs.

Confidential care for adolescents not only impacts positive health behaviors but also supports normal adolescent development. Providing adolescents and young adults with confidential care is “developmentally appropriate and necessary in the context of evolving personal privacy, increasing autonomy, and growing decision-making capacity and responsibility.”³

Current laws

State and federal statutes, court decisions, and regulations govern the provision of health care for a minor patient. Medical or mental health care for minors usually requires parental consent except when there are statutory laws or court decisions that provide exemptions. Exemptions to parental consent are based on the status of the minor and the category of care.

Minor status: A minor is considered able to provide consent for all their own health care if living apart from parents or guardians and managing their own financial affairs, is married, or has borne a child ([Sec. 144.341 MN Statutes](#) and [Sec. 144.342 MN Statutes](#)).

Category of care: Under Minnesota law, a minor may consent to the following types of care:

- Emergency care ([Sec. 144.344 MN Statutes](#))
- Pregnancy related care ([Sec. 144.343 MN Statutes](#))
- Sexually transmitted infection diagnosis and treatment ([Sec. 144.343 MN Statutes](#))
- Contraceptive care (Atty. Op. 494-B-39)
- Abortion services (*Doe v. State*, Case No. 62-CV-19-3868, 2022 WL 2662998 (Minn. Dist. Ct. July 11, 2022) ([Abortion and Reproductive Health Rights](#))
- Alcohol and other substance use diagnosis and treatment ([Sec. 144.343 MN Statutes](#))
- Hepatitis B vaccination ([Sec. 144.3441 MN Statutes](#))
- If 16 years of age and older: outpatient ([Sec. 144.3431 MN Statutes](#)) and inpatient ([Sec. 253B.04 MN Statutes](#)) mental health services

National professional organization positions

Many medical and public health professional organizations have position statements in support of the need for confidential adolescent health services while balancing parent or guardian involvement.

- The Society for Adolescent Medicine: [Confidential health care for adolescents: position paper of the Society for Adolescent Medicine - Journal of Adolescent Health](#)
- The American Academy of Pediatrics: [Confidentiality in the Care of Adolescents: Policy Statement |](#)

[Pediatrics | American Academy of Pediatrics](#)

- The Council of Ethical and Judicial Affairs of the American Medical Association: [2.2.2.pdf](#)
- American College of Obstetrics and Gynecology: [Confidentiality in Adolescent Health Care](#)

The information provided in this document is for general information purposes only and does not constitute legal advice or consult from the Minnesota Department of Health. Please consult the policies, procedures, and legal counsel at your agency for information and implementation specific to your practice.

¹Agostino H, Toulany A. Considerations for privacy and confidentiality in adolescent health care service delivery. *Paediatrics & Child Health* 2023; 28(3): 172-177.

²English A. Adolescent & young adult health care in Minnesota: A guide to understanding consent & confidentiality laws. *Center for Adolescent Health & the Law and Adolescent & Young Adult Health National Resource Center* March 2019

³Chung RJ, Lee JB, Hackell JM. Confidentiality in the care of adolescents: Technical report. *Pediatrics* 2024;153(5): e2024066327

⁴Lehrer, JA, Pantel R, Tebb K, Shafer M. Forgone health care among U.S. adolescents: Associations between risk characteristics and confidentiality concern. *Journal of Adolescent Health* 2007; 40:218-226

⁵Ford CA, Millstein SG, Halper-Flesher BL, Irwin CE. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care: A randomized controlled trial, *JAMA* 1997; 278: 1029-1034

⁶Ford CA, English A, Sigman G. Confidential health care for adolescent: position paper for the Society for Adolescent Medicine, *Journal of Adolescent Health* 2004; 35(2): 160-167

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