

NEW YORK

Minor Consent and Confidentiality

A Compendium of State and Federal Laws

National Center
for Youth Law

teenhealthlaw.org/compendium

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National Center for Youth Law

The National Center for Youth Law (NCYL) is a national, non-profit advocacy organization that has fought to protect the rights of children and youth for more than fifty years. Headquartered in Oakland, California, NCYL leads high impact campaigns that weave together litigation, research, policy development, and technical assistance.

What this compendium is:

This is a compendium of laws that may be relevant when minors wish to access certain types of sensitive health care and/or wish to access care on their own consent. Each state compendium begins with a chart entitled “quick guide.” The topics listed in the quick guide represent the categories of laws most frequently identified across all states. A circle next to a particular category signifies that a relevant state or federal law was found. Where a law was found, those laws are described in the “summary” section. Each state’s compendium ends with a list of resources, including links to a series of Appendices that delve deeper into key topics.

What this compendium is not:

This is not a comprehensive guide to all consent, confidentiality, and disclosure laws in any state. For example, the compendium does not include all laws that allow or require parents or persons acting *in loco parentis* to consent to care. Nor does it summarize disclosure laws that may allow or require disclosure of health information for mandated child abuse or public health reporting.

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Quick Guide

See glossary for explanation of categories and definitions of terms.

General

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- S** Emancipation
- S** Minor Marriage

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- Emergency Care
- S** **F** Family Planning/Contraceptives
- S** Outpatient Mental Health Care
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Confidentiality and Disclosure

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- S** "Conversion Therapy," Ban⁴
- S** Emergency Care
- S** Gender Affirming Care
- S** Good Faith Reliance/Immunity from Liability
- S** Minor Parent, Consent for Child's Care
- S** Shield Laws

Key

- S** State law found⁵
- F** Federal/other law may apply

¹ The information in this chapter represents the state of the law as of May 2024 after a diligent search of statutes, regulations, case law, and guidance.

² This chapter does not address all the consent and confidentiality rules that may apply when minors are in special care situations such as living with a relative, in federal or state custody, or under court jurisdiction (including dependency, delinquency, or immigration custody).

³ This category includes parental involvement laws.

⁴ This category includes statutes or case law that ban conversion therapy or prohibit banning of conversion therapy.

⁵ Symbol indicates law found that either allows providers to offer services without parental consent or explicitly gives minors authority to consent.

General

Age of Majority

N.Y. C.P.L.R. § 105, N.Y. Dom. Rel. Law § 2, and N.Y. Gen. Oblig. Law § 1-202 provide, for various purposes, that the age of majority is 18 years.

Emancipation

No statute expressly defines emancipated minor in general or specifies a legal process by which a minor may become emancipated; however, some statutes and court decisions acknowledge emancipation for specific purposes; *Bach v. Long Island Jewish Hospital*, 49 Misc. 2d 207 (1966) recognized that a specific status, such as marriage,

can emancipate a minor, and state law does recognize emancipation including the right of emancipated minors to consent to certain health care, as provided in *N.Y. Mental Hyg. Law § 33.21*.

Minor Marriage

N.Y. Dom. Rel. Law § 15-a prohibits marriage with anyone under the age of 18 years.

Consent to Health Care

Consent for healthcare refers to granting permission for a healthcare service. A healthcare provider generally must obtain consent before providing care. Adults typically consent to their own healthcare, except in cases of legal incapacity. State and federal laws and court decisions help establish who has the legal authority to provide consent on behalf of minors. Typically, federal and state law require parent or guardian consent for a minor's care. However, the laws in every state include exceptions that allow or require others to consent, in addition to or instead of a parent or guardian. These exceptions include exceptions that allow minors to consent to some or all health care based on the minor's "status" (situation in life) and exceptions that allow minors to consent to certain types of care based on the services sought. Sometimes, these laws are written in a way that allows providers to offer services without parental consent; sometimes, they are written in a way that explicitly gives minors the authority to consent. Federal law also allows minors to consent to specific care in some cases. See **Appendix B** for more on consent including the important role of parents and other adults in minors' healthcare.

The following sections summarize the minor consent laws in the state:

Minor Consent—Minor Status**Married Minor**

N.Y. Pub. Health Law § 2504 provides that any person who has married may consent for medical, dental, health, and hospital services for themselves and the consent of no other person is necessary.

Minor Living Apart from Parent/Guardian

N.Y. Pub. Health Law § 2504 provides that a minor who is a "homeless youth", or who receives services at an approved "runaway and homeless youth crisis services program" or a "transitional independent living support program" may consent for medical, dental, health, and hospital services for themselves and the consent of no other person is necessary. "Homeless youth" is defined by *N.Y. Exec. § 532-a* and includes "a person under the age of eighteen who is in need of services and is without a place of shelter where supervision and care are available." *N.Y. Exec. § 532-a* defines "runaway and homeless youth program" and "transitional living program" for this purpose.

Minor Parent

N.Y. Pub. Health Law § 2504 provides that any person who is the parent of a child may consent for medical, dental, health, and hospital services for themselves and the consent of no other person is necessary.

State Custody

N.Y. Corrections Law § 140 and *N.Y. Penal Law § 70.20* provide that when a minor is sentenced to imprisonment and committed to the custody of the Department of Corrections and Community Supervision with no medical consent obtained from parents prior to commitment or transfer, the commitment order shall be deemed to grant to the minor the capacity to consent to routine medical, dental and mental health services and treatment. However, a parent or guardian may make a motion to the court objecting to the treatment being provided to the incarcerated minor. *N.Y. Corrections Law § 140* defines "routine" care for this purpose.

N.Y. Pub. Health Law § 2504-a provides that a “healthcare practitioner” may administer immunization against hepatitis B to a minor in a state or local correctional facility, without the consent or knowledge of a parent or guardian, if the minor has “capacity to consent” and consents to the immunization. The law defines the terms “healthcare practitioner” and “capacity to consent” for this purpose.

Minor Consent—Services

Abortion

Abortion is legal and protected in New York. *N.Y. Pub. Health Law § 2599-aa* provides that “comprehensive reproductive health care is a fundamental component of every individual’s health, privacy and equality” and “every individual who becomes pregnant has the fundamental right to choose to carry the pregnancy to term, to give birth to a child, or to have an abortion” as provided in the state’s Reproductive Health Act. *For up to date information on the status of abortion protections and restrictions in New York, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).*

To the extent abortion is legally permitted, minors may obtain an abortion. Minors may consent to abortion and neither parental notice or consent is required.

For up to date information on the status of abortion protections and restrictions in all 50 states and DC, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#). See also Appendix C. These laws are changing rapidly, so consultation with counsel is also essential.

Family Planning/ Contraceptives

N.Y. Pub. Health Law § 2599-aa provides that “comprehensive reproductive health care is a fundamental component of every individual’s health, privacy and equality” and “every individual has the fundamental right to choose or refuse contraception or sterilization.” In *Carey v. Population Services*, 97 S. Ct. 2010 (1977), the U.S. Supreme Court held unconstitutional a New York law that limited the sale of non-prescriptions to minors and determined that minors’ access to contraceptives cannot be restricted without a compelling reason.

See [Appendix I](#) for information about the Title X Family Planning Program and minor consent for family planning, including contraception services. See [Appendix C](#) for discussion of contraception and the U.S. Constitution.

Outpatient Mental Health Care

N.Y. Mental Hyg. Law § 33.21 provides that a “mental health practitioner” may provide “outpatient mental health services” to a minor voluntarily seeking such services if the practitioner determines that:

1. the minor is knowingly and voluntarily seeking such services: and
2. provision of such services is clinically indicated and necessary to the minor’s well-being; and
3. a parent or guardian is not “reasonably available”; or requiring parental or guardian consent or involvement would have a detrimental effect on the course of outpatient treatment or a parent or guardian has refused to give such consent and a physician determines that the treatment is necessary and in the best interests of the minor.

A practitioner may provide a minor voluntarily seeking outpatient services an initial interview without parental or guardian consent or involvement to determine if these criteria are present. The mental health practitioner must document the reasons for their determinations in the minor’s record, along with a written statement signed by the minor indicating that they are voluntarily seeking services. The statute provides definitions for “outpatient mental health services,” “mental health practitioner,” and “reasonably available.”

N.Y. Mental Hyg. Law § 33.21 provides that a minor 16 years of age and older may consent to be administered psychotropic medications without the consent of a parent or guardian in certain circumstances. The statute describes these circumstances and requires the clinician to fully document them in the minor’s clinical record.

Pregnancy-Related Care

N.Y. Pub. Health Law § 2504 provides that any pregnant person may consent for medical, dental, health and hospital services relating to prenatal care.

N.Y. Pub. Health Law § 2599-aa provides that “comprehensive reproductive health care is a fundamental component of every individual’s health, privacy and equality” and “every individual who becomes pregnant has the fundamental right to choose to carry the pregnancy to term, to give birth to a child, or to have an abortion” as provided in the state’s *Reproductive Health Act*.

See [Appendix I](#) for information about the Title X Family Planning Program and minor consent for family planning services, including certain pregnancy-related care.

Sexual Assault Care

N.Y. Pub. Health Law § 2805-i and *10 N.Y. Admin. Code § 405.9(c)* provide that hospitals must provide patients, including minor patients, who are suspected or confirmed victims of sexual offenses a range of services, including offering and making available appropriate HIV post-exposure treatment therapies and “upon request, prophylaxis against pregnancy, sexually transmitted diseases, hepatitis B and HIV, as medically indicated.”

Sexually Transmitted Infection/Disease/HIV Care

N.Y. Pub. Health Law § 2305 provides that a licensed physician, or hospital physician may diagnose, treat or prescribe for a minor if the minor is infected with or been exposed to a sexually transmitted disease.

10 N.Y. Admin. Code § 23.4 provides that in addition to the services that may be provided to minors under *N.Y. Pub. Health Law § 2305*, health care practitioners as authorized by their scope of practice may also render medical care related to other sexually transmitted diseases to minors without the consent or knowledge of the parent or guardian. This regulation allows minors to consent to antiretroviral medication for treatment and prevention of HIV, to HIV-related preventive services, such as prophylactic medication, and the human papillomavirus (HPV) vaccine to minors without parent or guardian consent. New York State Department of Health, [Letter to Health Care Providers – Dear Colleague: Minor Consent to HIV and HPV Prevention and Treatment](#), (Dec. 19, 2017).

N.Y. Pub. Health Law § 2781 provides that no person shall order the performance of an HIV test without first orally advising the individual that an HIV-related test is being performed. When the individual lacks capacity to consent, this advisement goes to the person authorized to consent on the individual's behalf. No test can be performed over the objection of the individual or authorized person. *N.Y. Pub. Health Law § 2781* defines "capacity to consent" for this purpose to mean the individual's ability to understand

and appreciate the nature and consequences of a proposed health service, treatment or procedure and to make an informed decision, without regard to the individual's age.

See **Appendix I** for information about the Title X Family Planning Program and minor consent for family planning, including STI/STD/HIV services.

Substance Use Care

N.Y. Mental Hyg. Law § 22.11 provides that parent or guardian involvement and consent is required for "inpatient, residential or outpatient" treatment for "chemical dependence;" however, minors may receive services without parent or guardian involvement, if, in the judgment of a physician, parent or guardian involvement and consent would have a detrimental effect on the course of treatment of a minor voluntarily seeking treatment for chemical dependence, or if a parent or guardian refuses to consent and the physician believes treatment is necessary to best interests of the minor. Additionally, parent or guardian consent is not required if the provider cannot locate the parent or guardian after taking reasonable measures to do so, or if the parent or guardian refuses or fails to communicate with the provider within a reasonable time. In all cases, the physician or qualified health professional must document in the minor's record the reasons why parent or guardian consent or involvement did not occur. Parental consent or involvement is not required for a married minor, a minor parent, or an emancipated minor.

Confidentiality & Disclosure

Federal and state laws determine the privacy and confidentiality of medical and health information. Different laws may apply depending on the health services provided, the source of funding, the location of care, the type of provider, and the characteristics of the patient.

One law with overarching importance is the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, a federal regulation that protects the privacy of patient health information held by health care providers who transmit certain information electronically and other "covered entities." As a general rule, HIPAA prohibits healthcare providers from disclosing protected health information without a signed authorization. HIPAA specifies who must sign an authorization to release information. When minors have consented for their own care, HIPAA says the minors usually must sign the release. HIPAA includes exceptions that allow or require a provider to disclose protected information without an authorization in some circumstances, such as to meet state child abuse reporting requirements. HIPAA also addresses when parents and guardians may access a minor's health information: It explains how this HIPAA rule intersects with state law and other federal laws regarding parent access, and includes rules for what to do about parent access when state law is silent, and for authorized limitations on access in some situations.

See **Appendix H** for a detailed discussion of HIPAA. Other appendices address other important federal health privacy laws that may apply in addition to, or instead of, HIPAA. See **Appendix I** (Title X, family planning), **Appendix J** (Part 2, substance use), **Appendix K** (FERPA, education records), **Appendix L** (insurance and billing), and **Appendix M** (21st Century Cures Act Information Blocking, EHI).

The following sections summarize selected state laws related to confidentiality, access to records, and disclosure to parents/guardians:

Confidentiality/Access to Records

Chemical Dependence Services

N.Y. Mental Hyg. Law § 22.05 provides that “all records of identity, diagnosis, prognosis, or treatment in connection with a person’s receipt of chemical dependence services shall be confidential and shall be released only in accordance with applicable provisions of the public health law, any other state law, federal law and duly executed court orders.”

Emergency Care

N.Y. Pub. Health Law § 18 provides that when a parent or guardian provides consent to treatment or where treatment was provided without consent in an emergency, the parent or guardian normally has the right to inspect patient information concerning that care and treatment after submitting a written request, with several exceptions:

- The parent or guardian is not entitled to inspect or make copies of any patient information concerning the care and treatment of the minor where the health care provider determines that access to the information requested by the parent or guardian would have a detrimental effect on the provider’s professional relationship with the minor, or on the care and treatment of the minor, or on the minor’s relationship with their parents or guardian.
- The health provider also may deny access to all or part of a minor’s information requested by a parent or guardian and may grant access to a prepared summary of the information if the provider determines that the request can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person’s right of access. The statute contains a list of factors the provider must consider.
- A minor over the age of 12 may be notified of a request by their parent or guardian to review their patient information; and if the minor objects to disclosure, the provider may deny the request.

N.Y. Pub. Health Law § 18 does not authorize parents or guardians to inspect records related to services to which the minor consented.

HIV Information

N.Y. Pub. Health Law § 2782 protects the confidentiality and limits disclosure of HIV related information.

Mental Health

N.Y. Mental Hyg. Law § 33.13 protects the confidentiality and limits disclosure of clinical records held at a facility licensed or operated by the office of mental health or the office for people with developmental disabilities (with those terms defined in the statute) except as described in the statute.

Minor Consent Services

10 N.Y. Admin. Code. § 300.5 prohibits a “qualified entity participant” from disclosing minor consent patient information to the minor’s parent or guardian without the minor’s authorization. The regulation describes “minor consent patient information” for this purpose. *10 NYCRR § 300* defines key terms including “qualified entity participant” and “SHIN-NY.”

10 N.Y. Admin. Code. § 300.5 allows a minor’s parent or guardian to provide authorization for a qualified entity participant to access a minor’s “minor consent patient information” through the Statewide Health Information Network for New York (SHIN-NY), unless federal or other law requires minor authorization for this purpose.

See **Appendix H** for information about minors’ access to and control of their medical information under HIPAA when they have consented to their own care.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

Disclosure of Health Information to Parents/Guardians

Minor Consent Services

N.Y. Pub. Health Law § 18 does not authorize parents or guardians to inspect records related to services to which the minor consented.

10 N.Y. Admin. Code § 300.5 provides that in no event may a “qualified entity participant” disclose “minor consent patient information” from the Statewide Health Information Network for New York to the minor’s parent or guardian without the minor’s authorization. “Minor consent patient information” includes, but is not limited to, patient information concerning:

- Diagnosis, treatment or prescription for sexually transmitted disease;
- Records related to the performance of an abortion;
- Medical, dental, health and hospital services relating to prenatal care;

- Outpatient mental health services;
- Substance abuse treatment;
- Any patient who is the parent of a child, has married, or is an otherwise legally emancipated minor;
- Treatment that a minor has a Constitutional right to receive without a parent's or guardian's permission as determined by courts of competent jurisdiction;
- Treatment for a minor who is a victim of sexual assault as authorized by *N.Y. Pub. Health Law § 2805i*; and
- Emergency care provided without parent consent as authorized by *N.Y. Pub. Health Law § 2504*.

N.Y. Pub. Health Law § 17 provides that when a provider receives a written request from a parent to share a minor's records and information with another provider, records concerning the treatment of a minor patient for sexually transmitted disease or abortion may not be released or in any manner be made available to a parent or guardian.

N.Y. Pub. Health Law § 2782 provides that generally, no person who obtains confidential HIV related information in the course of providing any health or social service or pursuant to a release of confidential HIV related information may disclose or be compelled to disclose such information, except to the patient or if the patient lacks capacity to consent, to the person authorized to consent to health care for the patient. *N.Y. Pub. Health Law § 2780* provides that for purposes of disclosure of HIV or AIDS information, capacity to consent means an individual's ability, determined without regard to the individual's age, to understand and appreciate the nature and consequences of a proposed disclosure of confidential HIV-related information, and to make an informed decision concerning disclosure.

Parent Consent/Emergency Services

N.Y. Pub. Health Law § 18 provides that when a parent or guardian provides consent to treatment for a minor, or where treatment was provided without consent in an emergency, the parent or guardian normally has the right to inspect patient information concerning that care and treatment after submitting a written request, *except*:

- The parent or guardian is not entitled to inspect or make copies of any patient information concerning the care and treatment of the minor where the health care provider determines that access to the information requested by the parent or guardian would have a detrimental effect on the provider's professional relationship with the minor, or on the care and treatment of the minor, or on the minor's relationship with their parents or guardian.
- The health provider also may deny access to all or part of a minor's information requested by a parent or guardian and may grant access to a prepared summary of the information if the provider determines

that the request can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right of access. The statute contains a list of factors the provider must consider.

- A minor over the age of 12 may be notified of a request by their parent or guardian to review their patient information; and if the minor objects to disclosure, the provider may deny the request.

N.Y. Mental Hyg. Law § 33.16 provides that when a parent or guardian submits a written request to a "facility" to inspect the minor's "clinical record," the facility shall provide an opportunity, within ten days, for the parent or guardian to inspect anything in the clinical record related to services for which the parent or guardian consented, with exceptions:

- The parent or guardian shall not be entitled to inspect or make copies of any such clinical record where the treating practitioner determines that access to the information requested by such parent or guardian would have a detrimental effect on the practitioner's professional relationship with the minor, or on the care and treatment of the minor or on the minor's relationship with their parents or guardians.
- The health provider also may deny access to all or part of a minor's information requested by a parent or guardian and may grant access to a prepared summary of the information if the provider determines that the request can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right of access. The statute contains a list of factors the provider must consider.
- It further provides that the facility may notify a minor over age 12 if their parent or guardian has requested to view their record; and if the minor objects to disclosure, the provider may deny the request.

HIPAA rules relevant to disclosure to parents/guardians

See **Appendix H** for information about minors' access to and control of their medical information under HIPAA when they have consented to their own care, the HIPAA rule when state law is silent as to parent access, and the HIPAA rule authorizing providers to limit access to records in certain circumstances.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality

protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

Insurance Claims/ Billing

10 N.Y. Admin. Code § 23.4 provides that when a minor patient receives diagnosis or treatment for sexually transmitted disease without the consent or knowledge of a parent or guardian, neither medical nor billing records shall be released or in any manner be made available to the parent or guardian, without the minor's permission.

N.Y. Ins. Code 2612 and 11 N.Y. Admin. Code § 244.3 provide that an insurer shall develop and implement a confidentiality protocol whereby the insurer shall keep confidential and shall not disclose to a policyholder or another insured covered under the policy against whom a victim of domestic violence has a valid order of protection,

the address and telephone number of the victim of domestic violence, or any child residing with the victim, and the name, address, and telephone number of a person providing covered services to the victim, if the victim, the victim's legal representative, or if the victim is a child, the child's parent or guardian, delivers to the insurer at its home office a valid order of protection.

N.Y. Ins. Code 2612 and 11 N.Y. Admin. Code § 244.3 provide that a "health insurer" shall accommodate a reasonable request by a person covered by an insurance policy or contract issued by the health insurer to receive communications of "claim related information" from the health insurer by alternative means or at alternative locations if the person clearly states that disclosure of all or part of the information could endanger the person and shall develop and implement a confidentiality protocol to this effect.

See **Appendix L** for information about confidentiality protection in the billing and insurance claims process under the HIPAA Privacy Rule.

Other

This section summarizes a range of laws that may not explicitly address minor consent or disclosure of information but that health care providers often have questions about when minors seek care, especially when they seek care on their own.

Emergency Care

N.Y. Pub. Health Law § 2504 provides that medical, dental, health, and hospital services may be rendered to persons of any age without the consent of a parent or guardian when, in the physician's judgment an emergency exists and the person is in immediate need of medical attention and an attempt to secure consent would delay treatment and increase the risk to life or health.

Gender Affirming Care

N.Y. Educ § 6531-b defines "gender-affirming care" to mean any type of care provided to an individual to affirm their gender identity or gender expression; provided that surgical interventions on minors with variations on their sex characteristics that are not sought or initiated by the individual patient are not gender-affirming care.

N.Y. Family Ct. Act § 659 provides that laws of another state that authorize a child to be removed from their parent or guardian based on allowing the child to receive gender-affirming care shall not be enforced or applied in New York. Further, no court in New York shall admit or consider a finding of abuse based on allowing a child to receive or seek gender-affirming care, unless such conduct would constitute abuse under the laws of New York if it occurred in New York.

In New York City, Mayor Adams signed an Executive Order in 2023 providing additional protections related to gender-affirming care. See "[Shield laws](#)" for more protections. For up to date information on the status of protections and restrictions on gender affirming care for minors, see [Movement Advancement Project's "Equality Maps: Bans on Best Practice Medical Care for Transgender Youth."](#) These laws are changing rapidly so consultation with counsel is essential. See also **Appendix G**.

Good Faith Reliance/ Immunity from Liability

NY Pub. Health § 2504 provides that anyone who acts in good faith based on the representation by a person that they are eligible to consent pursuant to the terms of this section shall be deemed to have received effective consent.

Minor Parent, Consent for Child's Care

NY Pub. Health § 2504 provides that any person who has borne a child may give effective consent for medical, dental, health and hospital services for their child.

Shield Laws

New York law contains numerous protections designed to shield health care providers when they legally provide reproductive health services and gender affirming care

services in the state and patients who received this care. Examples of these laws include: *NY Civ. Pro. Law and Rules* §§ 3102 and 3119 (subpoenas, depositions, testimony), *N.Y. Crim. Pro. § 140.10* and *N.Y. Exec. § 837-x* (arrest), *N.Y. Crim. Pro. §§ 570.17 and 570.19* (extradition), *N.Y. Pub. Health § 230* (professional discipline), *N.Y. Ins § 3436-a* (insurance), *N.Y. Pub. Health § 230* and *N.Y. Educ. § 6531* (professional misconduct), and *N.Y. Educ. § 6505-d* (licensure).

For up to date information on shield laws for gender affirming care, see *Movement Advancement Project's "Equality Maps: Bans on Best Practice Medical Care for Transgender Youth"*.

For up to date information on the status of abortion protections including shield laws in all 50 states, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).

Resources

New York Code <https://www.nysenate.gov/legislation/laws/CONSOLIDATED>

New York Administrative Code <https://dos.ny.gov/division-administrative-rules>

Appendices

Appendix A. Glossary of Terms

Appendix B. Overview of Consent and Confidentiality When Minors Seek Health Care

Appendix C. Contraception, Abortion, and Pregnancy-Related Care for Minors: Consent and Confidentiality Considerations

Appendix D. Sexually Transmitted Infections, Sexually Transmitted Diseases, and HIV Care for Minors: Consent and Confidentiality Considerations

Appendix E. Mental Health Care for Minors: Consent and Confidentiality Considerations

Appendix F. Substance Use Care for Minors: Consent and Confidentiality Considerations

Appendix G. Gender Affirming Care for Minors: Consent and Confidentiality Considerations

Appendix H. HIPAA Privacy Rule and Confidentiality Implications for Minors' Health Information

Appendix I. Title X Family Planning Program and Family Planning Services for Minors

Appendix J. 42 CFR Part 2 and Confidentiality Implications for Substance Use Care for Minors

Appendix K. FERPA and Confidentiality Implications for School-Based and School-Linked Health Care for Minors

Appendix L. Confidentiality in Health Insurance Claims and Billing

Appendix M. Electronic Health Information, the 21st Century Cures Act, and Confidentiality for Minor Patients

Appendix N. State Law Table: Minor Consent/Access Based on Status

Appendix O. State Law Table: Minor Consent/Access for Specific Services