PARENTAL ACCESS TO THEIR CHILDREN'S MEDICAL RECORDS IS UNDER ATTACK

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EXECUTIVE SUMMARY

The HIPAA Privacy Rule, enacted under the 1996 Health Insurance Portability and Accountability Act, safeguards individuals' protected health information (PHI) by regulating its use and disclosure by covered entities such as healthcare providers, plans, and clearinghouses. Parents have access to their minor child's medical records as personal representatives under HIPAA, except when state laws grant minors control over PHI for sensitive services like reproductive health, mental health, or substance abuse treatment. State adolescent privacy laws vary, with some allowing minors as young as 12 years old to consent to specific treatments, limiting parental access.

Unfortunately, there has been an extension of these restrictions beyond the limits of law under the guise of privacy restrictions for adolescents in general.

The advent of electronic health records (EHRs) has only worsened the limitations on proxy access for parents. "Proxy access" refers to the ability of authorized individuals, such as parents or guardians, to view or manage a patient's medical records on his or her behalf. Limiting proxy access thereby prevents parents from accessing critical health information about their child that would otherwise be legally permissible. Existing regulations should be upheld to prevent healthcare facilities from using EHRs to unlawfully restrict parental access to their child's medical information. The priority must be safeguarding children's health and well-being, which inherently includes upholding the rights of parents to carry out their responsibilities in guiding and caring for their children.

Editor's Note: Electronic health record practices are constantly changing and evolving. The information contained in this report is current as of October 10, 2025.

THE CURRENT STATE OF ADOLESCENT PRIVACY IN HEALTH RECORDS

According to the **U.S. Department of Health and Human Services**, the "[HIPAA] Privacy Rule generally allows a parent to have access to the medical records about his or her child, as his or her minor child's personal representative when such access is not inconsistent with State or other law."[1]

Under the Privacy Rule, there are three exceptions when a parent would not be the minor's personal representative. These include:

1. When the minor is the one who consents to care and the consent of the parent is not required under State or other applicable law;
2. When the minor obtains care at the direction of a court or a person appointed by the court; and
3. When, and to the extent that, the parent agrees that the minor and the healthcare provider may have a confidential relationship.[2]

The HIPAA Privacy Rule establishes individuals' right to control access to their health information through consent-based mechanisms like authorization as well as requests to restrict disclosure of PHI.[3] When parents or guardians are decision-makers for their children, they are generally entitled to access their children's health information and to control disclosure to others. However, when minors are allowed to consent to medical care, their parents or guardians generally do not have rights to access information about the care or to control its disclosure. These rules are governed by the HIPAA Privacy Rule, as noted above, and licensing regulations.[4] Operating within this framework, special confidentiality rules, which are primarily state-based, apply to health concerns such as sexually transmitted infections, mental healthcare, and drug and alcohol abuse care.

Unfortunately, it appears that healthcare systems are using sexually transmitted infections, mental health concerns, and drug and alcohol exceptions to remove parental access to their child's entire medical record – well beyond the limits of the law. Outside the confidentiality restrictions set by state law for the aforementioned exceptions, the concept of a "proxy access" form for parents to have the ability to see their child's medical record, once he or she reaches a certain age, needs to be challenged. Parents should have default access to all lawful and important health information about their minor child.

Examples of "proxy access" request forms are given below.

MyChart Proxy Access Request Forms for Minor and Teenaged Minor from Cape Fear Valley Health System:[5,6]

1 HHS. (2002, Dec 19). Does the HIPAA Privacy Rule allow parents the right to see their children's medical records? **227-Does the HIPAA Privacy Rule allow parents the right to see their children's medical records | HHS.gov**
2 HHS. (2002, Dec 19). Does the HIPAA Privacy Rule allow parents the right to see their children's medical records? **227-Does the HIPAA Privacy Rule allow parents the right to see their children's medical records | HHS.gov**
3 HHS. (n.d.). Health Information Privacy: Summary of the HIPAA Privacy Rule. **https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html**
4 HHS. (2002, Dec 19). Does the HIPAA Privacy Rule allow parents the right to see their children's medical records? **227-Does the HIPAA Privacy Rule allow parents the right to see their children's medical records | HHS.gov**
5 Cape Fear Valley Health System (2019, May 3). MyChart Proxy Access Request for Minor. **https://www.capefearvalley.com/sites/default/files/MyChart/MyChart_Proxy_Access_Request_Form_for_Minor_(0-12)_FINAL.pdf**
6 Cape Fear Valley Health System (2019, May 3). MyChart Proxy Access Request Form and Authorization for Teenaged Minor. **https://www.capefearvalley.com/sites/default/files/MyChart/myChart_Teenaged_Minor_Proxy_Access_Form_(13-17)_FINAL.pdf**

MyChart PROXY ACCESS REQUEST FORM FOR MINOR
(Proxy access to the MyChart record of a minor 0-12 years of age)

INSTRUCTIONS: This form must be completed and signed by the parent(s) or legal guardian(s) of the minor patient in order to allow proxy access to the MyChart account of a minor patient (**through age 12**). Each parent or legal guardian of the minor must have their own MyChart account, and if none exists one will be created for them. The parent(s) or legal guardian(s) must provide the necessary information in the spaces below as well as acknowledging that they have read and agree to the abide by the **Terms and Conditions** available at **https://mychart.capefearvalley.com/mychart**. A separate form must be submitted for each child. If access is requested by both parents or by more than one legal guardian, each parent and legal guardian must sign this form in the space provided. Once the minor reaches age 13, proxy access will automatically terminate. Proxy access for minors aged 13-17 may be requested by completing the Proxy Access Request Form and Authorization for Teenaged Minor. If the person requesting proxy access is a legal guardian, the request must be accompanied by a copy of all legal documentation verifying the individual's status as legal guardian.

MINOR PATIENT INFORMATION – all fields are required

Name: _____ Date of Birth: _____

Street Address: _____ City/State: _____

Zip Code: _____ Email: _____ Phone Number: _____

SSN*: _____ Gender: ☐ Male ☐ Female

PARENT/LEGAL GUARDIAN (PROXY) INFORMATION – all fields are required

Name: _____ Date of Birth: _____

Street Address: _____ City/State: _____

Zip Code: _____ Email: _____ Phone Number: _____

SSN*: _____ Gender: ☐ Male ☐ Female

Relationship to Minor Patient (Child)_____

PARENT/LEGAL GUARDIAN (PROXY) INFORMATION – all fields are required

Name: _____ Date of Birth: _____

Street Address: _____ City/State: _____

Zip Code: _____ Email: _____ Phone Number: _____

SSN*: _____ Gender: ☐ Male ☐ Female

Relationship to Minor Patient (Child)_____

*Required for authentication purposes

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE THAT MY PROXY ACCESS IS THAT OF A PARENT ACCESSING THE MYCHART RECORDS OF MY CHILD (0-12 years old):

Cape Fear Valley Health System
P.O. Box 2000 / Fayetteville, NC 28302

MyChart Proxy Access Request Form
for Minor (0-12)

TAB #

FF1650; 5/3/19; Page 1 of 2

MyChart PROXY ACCESS REQUEST FORM
AND AUTHORIZATION FOR TEENAGED MINOR
(Proxy access TO THE MyChart record of a minor 13-17 years of age)

INSTRUCTIONS: In order to receive proxy access to the MyChart account of a teenager (aged 13-17), the parent(s) or legal guardian(s) must sign this form acknowledging that they have read and agree to the **Terms and Conditions** available at https://mychart.capefearvalley.com. In addition, the teenager must sign a "Proxy Access Authorization Form For Release of Information" allowing his/her medical information to be disclosed to his/her parent(s) or legal guardian(s) through MyChart. Each parent or legal guardian of the teenager must have their own MyChart account, and if none exists one will be created for them. Proxy access to a teenager's MyChart account will automatically terminate on the teenager's 18th birthday unless revoked by the teenager sooner. Continued access can be requested by completing a new request form and "Proxy Access Authorization Form for Release of Information". If the teenager wants to provide proxy access to his/her legal guardian(s), the request must be accompanied by a copy of all legal documents verifying the individual's status as legal guardian.

TEENAGE PATIENT INFORMATION – all fields are required

Name: _____ Date of Birth: _____

Street Address: _____ City/State: _____

Zip Code: _____ Email: _____ Phone Number: _____

SSN*: _____ Gender: ☐ Male ☐ Female

PARENT/LEGAL GUARDIAN (PROXY) INFORMATION – all fields are required

Name: _____ Date of Birth: _____

Street Address: _____ City/State: _____

Zip Code: _____ Email: _____ Phone Number: _____

SSN*: _____ Gender: ☐ Male ☐ Female

Relationship to Teenage Patient (Minor) _____

PARENT/LEGAL GUARDIAN (PROXY) INFORMATION – all fields are required

Name: _____ Date of Birth: _____

Street Address: _____ City/State: _____

Zip Code: _____ Email: _____ Phone Number: _____

SSN*: _____ Gender: ☐ Male ☐ Female

Relationship to Teenage Patient (Minor) _____

*Required for authentication purposes

MYCHART PROXY ACCESS GUIDELINES, TERMS & CONDITIONS. Only select **one** from the following two categories to describe the type of proxy access requested by the parent(s)/legal guardian(s) of the above-named teenage patient:

- ☐ **Limited Access** – send messages and schedule appointments only
- ☐ **Full Access** – view MyChart record, send messages, and schedule appointments

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Cape Fear Valley Health System
P.O. Box 2000 / Fayetteville, NC 28302

TAB #

Form #

ADOLESCENT MEDICINE AND THE PUSH TO EXCLUDE PARENTS

Leading physicians in Adolescent Medicine, a subspecialty originating in the United States and known for supporting so-called "gender-affirming care," have increasingly advocated for restricting parental access to their children's full medical records.[7] **Dr. Ryan H. Pasternak**, Division Director of Adolescent and Young Adult Medicine at Children's Mercy Kansas City,[8] strongly promotes keeping adolescent online portals private from parents. During a podcast entitled, **Pediatrics in Practice: Addressing Confidentiality in the Care of Adolescents**, Dr. Pasternak notes:

> "[…] it's developmentally expected and clinically appropriate to provide confidential care to youth. That's it. Bigger picture, the essential premise in providing confidential care and caring for adolescent and young adult patients is that they have a developmental need for emerging and increasing autonomy. None of us learns terribly well if we're not able to make choices, including making mistakes on our own. So, part of becoming a functional adult is making decisions independently. So, the ability to effectively do that with respect to healthcare decisions has been widely recognized to exist for most adolescents around age 14. And it's up to us as providers to give that space and time that allows them to use those emerging skills. And it's to our benefit and their benefit to do that while we oftentimes still have parents, guardians, other supportive adults to rely on to bring into the conversation if and when needed. So, we're not trying to exclude parents. We're trying to use the whole family to be able to support patients. And because of that difference though, in terms of like opinions about confidentiality and confidential care, sometimes you get a dissonance there. Ensuring access to confidential care can be really a serious safety issue for some adolescent patients, just depending on how their parents feel about some of the behaviors that they might be engaging in."[9]

The Society for Adolescent Health and Medicine's article entitled, **Recommendations for Electronic Health Record Use for Delivery of Adolescent Care**, co-authored by Dr. Pasternak, advocates for parents to be further shut out from their child's medical records, as shown in their position regarding protection of adolescent confidentiality and the electronic health record (EHR)[10]:

7 LGB Courage Coalition & Reed, J. (2025, Feb 26). Adolescent Medicine: Part 1. **https://lgbcouragecoalition.substack.com/p/adolescent-medicine-part-1**
8 Children's Mercy. (n.d.). Ryan H. Pasternak, MD, MPH, FAAP. **https://profiles.childrensmercy.org/ryan-h-pasternak**
9 Steele, R. & Pasternak, R.H. (Hosts). (February 2025). Addressing confidentiality in the care of adolescents. [Audio podcast episode]. Pediatrics in Practice. **https://scholarlyexchange.childrensmercy.org/cme_podcast/15/**
10 Gray, S.H., Pasternak, R.J. et al (April 2014). Recommendations for electronic health record use for delivery of adolescent healthcare. *Journal of Adolescent Health*. **Providing Adolescents with Access to Online Patient Portals: Interviews with Parent-Adolescent Dyads - The Journal of Pediatrics**

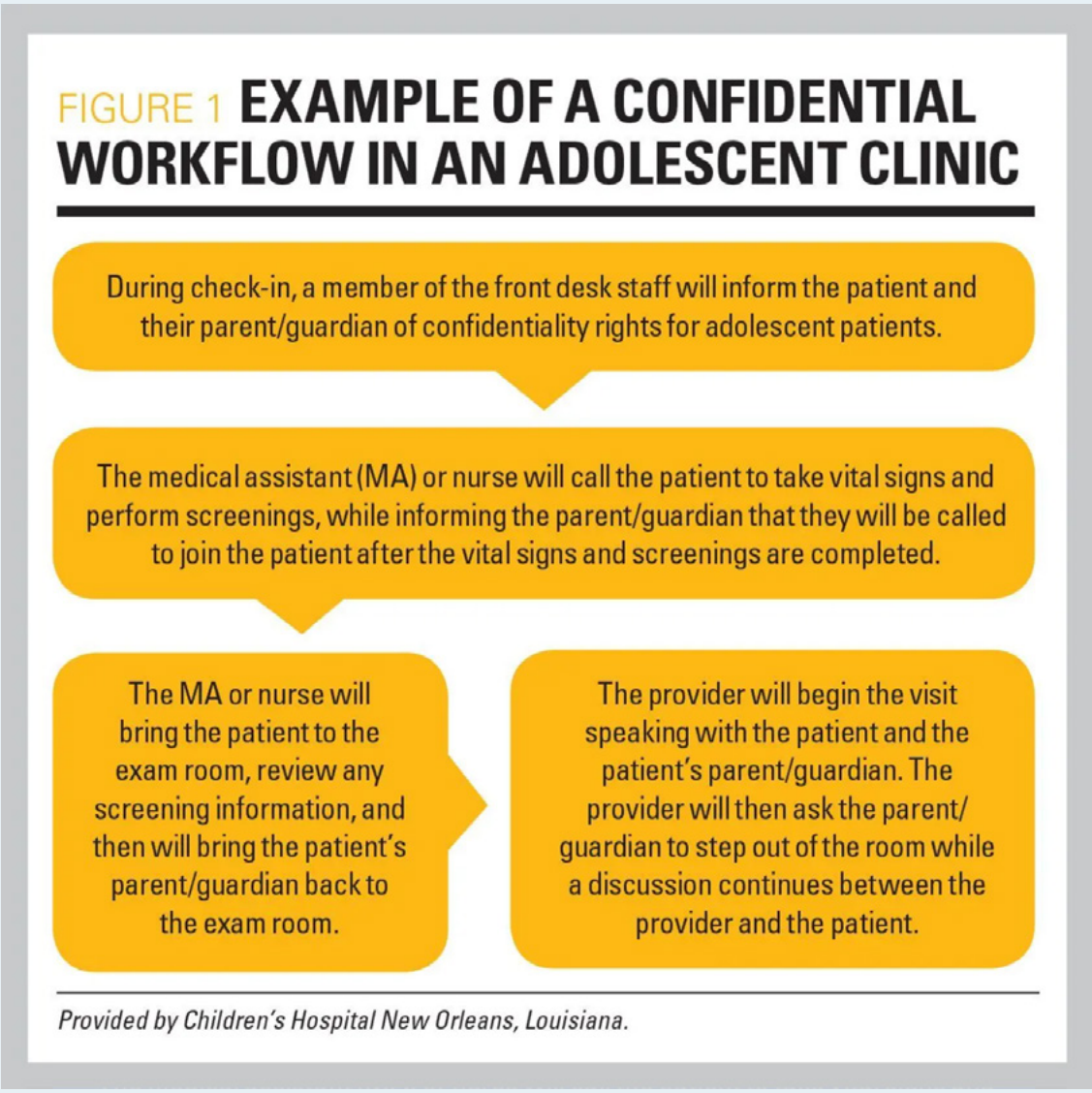
Based on a systematic review of the literature and consultation with thought leaders, the Society for Adolescent Health and Medicine adopts the following positions:

- The design, implementation, and use of EHRs need to take into account the special needs of adolescents for access to health information and the vigorous protection of confidentiality.
- EHR vendors need to ensure development of systems that meet regulatory requirements and address the privacy needs of all patients, including adolescents, by building robust, flexible, granular privacy settings into all aspects of their products.
- Health care systems implementing EHRs must train their employees in techniques to protect adolescents' confidential information, in accordance with national and state/provincial laws, as well as institutional policies.
- Health care providers working with adolescents should advocate for specific adolescent privacy protections in the implementation of EHRs used within their clinics or institutions, as well as communicate their needs to EHR vendors.
- Health care providers should educate adolescents and their families on how to use an EHR, what information can be considered confidential and ways to protect patient and family confidentiality when using or accessing EHRs.

In another article, Dr. Pasternak indicates that "pediatricians need to integrate confidentiality for adolescent patients into the practice's EHR and patient portal if one is utilized."[11] Below is an example of a "confidential workflow in an adolescent clinic," used at the Children's Hospital of New Orleans, Louisiana. This includes informing the patient and their parent/guardian of confidentiality rights for adolescent patients, performing initial vitals and screening without the parent present, and the provider asking the parent to leave the room to have private discussions with their child.[12]

11 Pasternak, R.H. & Hawkins, K.B. (April 2019). Adolescent privacy and the EHR. *Contemporary Pediatrics*. **https://www.contemporarypediatrics.com/view/adolescent-privacy-and-ehr**

12 Pasternak, R.H. & Hawkins, K.B. (April 2019). Adolescent privacy and the EHR. *Contemporary Pediatrics*. **https://www.contemporarypediatrics.com/view/adolescent-privacy-and-ehr**



Dr. Pasternak and **Dr. Kirsten Hawkins**, an adolescent medicine specialist at MedStar Georgetown University Hospital, also report that most clinics work with their Health Information Management (HIM) departments to "preserve the confidentiality of patients." They employ multiple methods to exclude parents which include:

- Allowing the adolescent to "become the owner of their patient portal at an age designated by the institution"
- Omitting specific labs commonly performed on adolescents from the patient portal
- Configuring the EHR to make adolescent notes confidential and trigger a warning when accessed
- Withholding adolescent visit records from chart copies unless approved by a physician
- Turning off portal access during a "sensitive period," though this may "undermine communication with providers"[13]

13 Pasternak, R.H. & Hawkins, K.B. (April 2019). Adolescent privacy and the EHR. *Contemporary Pediatrics*. **Adolescent privacy and the EHR**

STATE-BY-STATE VARIABILITY IN ADOLESCENT PRIVACY LAWS

Laws governing adolescent consent and their right to privacy vary from state to state, as shown in the May 2022 article, "**State-by-State Variability in Adolescent Privacy Laws**." This article by Sharko et al. summarized consent and privacy laws state-by-state and assessed the implications of variation for compliance with the **21st Century Cures Act**. The analysis noted that while "all states had provisions for consent to management of sexually transmitted infections [STIs], there were variable specifications in the age and type of minor, whether this includes human immunodeficiency viruses, and whether confidentiality is protected."[14]

Sharko et al. argued that variability in state laws is a barrier to providing "consistent and equitable evidence-based medical care and ensuring adolescent privacy protection."[15] Not surprisingly, the authors stated that "health care providers, instead of policy makers and politicians, should be the ones determining privacy and confidentiality regulations for adolescent patients."[16] However, this raises a concern: Will these actions remove parental access to medical records for their children beyond those medical conditions already subject to privacy laws? Could a minor, for instance, receive so-called "gender-affirming care" without his or her parents' knowledge when such treatment isn't even subject to adolescent privacy laws?

Table 1 from the publication displays **State-by-State Policies Governing the Ability for Minors to Consent for Medical Services**. (see Appendix)

14 Sharko, M., Jameson, R. et. al. (2022, May 9). State-by-state variability in adolescent privacy laws. *Pediatrics*. **State-by-State Variability in Adolescent Privacy Laws | Pediatrics | American Academy of Pediatrics**
15 Sharko, M., Jameson, R. et. al. (2022, May 9). State-by-state variability in adolescent privacy laws. *Pediatrics*. **State-by-State Variability in Adolescent Privacy Laws | Pediatrics | American Academy of Pediatrics**
16 Sharko, M., Jameson, R. et. al. (2022, May 9). State-by-state variability in adolescent privacy laws. *Pediatrics*. **State-by-State Variability in Adolescent Privacy Laws | Pediatrics | American Academy of Pediatrics**

ELECTRONIC HEALTH RECORD SYSTEMS: EPIC AND ORACLE HEALTH

Electronic health records play a considerable role in determining access to the information in one's medical record. The major electronic health record systems provide configurable software options to their clients regarding proxy access to electronic health records. However, concerns have emerged that these vendors may be enabling – or even reinforcing – restrictions on parental rights through the way these systems are marketed and customized for clients. This is done under the veil of "privacy" for the adolescent, typically intended for sexually transmitted infection (STI) testing or birth control access, to conceal social transition and other so-called "gender-affirming care" actions, such as the use of preferred pronouns.

While there are multiple electronic health records available for purchase within the American market, the two most commonly used systems, based on market share measured by the percentage of hospital installations, are Epic and Oracle Health (formerly Cerner). Epic holds the largest US hospital EHR market share at approximately 41% and is used in large healthcare organizations, community hospitals, and academic centers.[17] Oracle Health is the second most used system, with a US hospital EHR market share at approximately 22%, and is commonly found in large health systems.[18] Thus, for the purposes of this report, we focus solely on Epic and Oracle Health, which represent the lion's share of the EHR market.

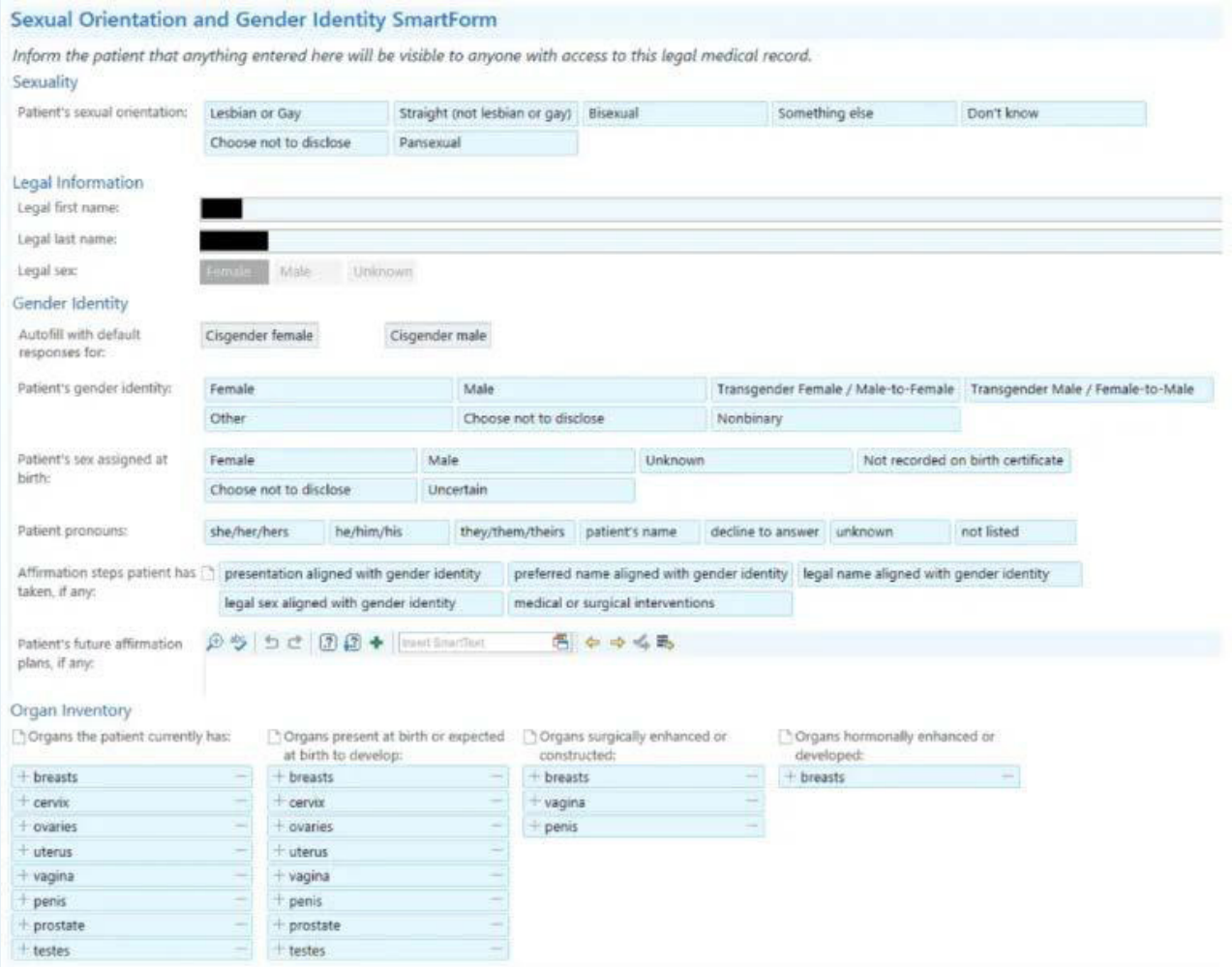
EPIC

Epic prides itself on creating a "more inclusive EHR and healthcare experience" with its platform.[19] Regarding trans-identifying patients, Epic notes the "challenge to documenting patients' sex, gender, and care needs is providing a place for a conversation about them in standard workflows."[20] Elements of this workflow might include preferred pronouns, sex assigned at birth, and gender identity.

In order to provide this experience, Epic uses a standardized form called the "Sexual Orientation and Gender Identity (SOGI) smartform," which categorizes the patient's sexual orientation and gender identity.[21] This is typically completed by the provider with the patient at the beginning of each visit or encounter. The form also takes an "organ inventory." This is done to "inform clinical decisions" as the patient's "sex assigned at birth," including the patient's "current anatomy," might be different from the patient's "legal sex."[22]

17 Definitive Healthcare. (2025, May 7). Most common hospital EHR systems by market share. **Most common hospital EHR systems by market share**
18 Definitive Healthcare. (2025, May 7). Most common hospital EHR systems by market share. **Most common hospital EHR systems by market share**
19 Epic. (2017, December 12). More inclusive care for transgender patients using Epic. Retrieved on August 15, 2025 from **https://www.epic.com/epic/post/inclusive-care-transgender-patients-using-epic/**
20 Epic. (2017, December 12). More inclusive care for transgender patients using Epic. Retrieved on August 15, 2025 from **https://www.epic.com/epic/post/inclusive-care-transgender-patients-using-epic/**
21 Primary Care Toolkit. (n.d.) Section 3. Documenting sexual orientation and gender identity information. Retrieved August 18, 2025. **https://lgbtqprimarycare.com/chapter-9/section-3-documenting-sexual-orientation-and-gender-identity-information/**
22 Epic. (2017, December 12). More inclusive care for transgender patients using Epic. Retrieved on August 15, 2025 from **https://www.epic.com/epic/post/inclusive-care-transgender-patients-using-epic/**

Screenshot of University of Pittsburgh Medical Center's Epic EHR, as found on lgbtqprimarycare.com:[23]



Sexual Orientation and Gender Identity SmartForm

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

Patient's sexual orientation: Lesbian or Gay | Straight (not lesbian or gay) | Bisexual | Something else | Don't know | Choose not to disclose | Pansexual

Legal Information

Legal first name: [redacted]

Legal last name: [redacted]

Legal sex: Female | Male | Unknown

Gender Identity

Autofill with default responses for: Cisgender female | Cisgender male

Patient's gender identity: Female | Male | Transgender Female / Male-to-Female | Transgender Male / Female-to-Male | Other | Choose not to disclose | Nonbinary

Patient's sex assigned at birth: Female | Male | Unknown | Not recorded on birth certificate | Choose not to disclose | Uncertain

Patient pronouns: she/her/hers | he/him/his | they/them/theirs | patient's name | decline to answer | unknown | not listed

Affirmation steps patient has taken, if any: presentation aligned with gender identity | preferred name aligned with gender identity | legal name aligned with gender identity | legal sex aligned with gender identity | medical or surgical interventions

Patient's future affirmation plans, if any:

Organ Inventory

Organs the patient currently has:	Organs present at birth or expected at birth to develop:	Organs surgically enhanced or constructed:	Organs hormonally enhanced or developed:
breasts	breasts	breasts	breasts
cervix	cervix	vagina	
ovaries	ovaries	penis	
uterus	uterus		
vagina	vagina		
penis	penis		
prostate	prostate		
testes	testes		

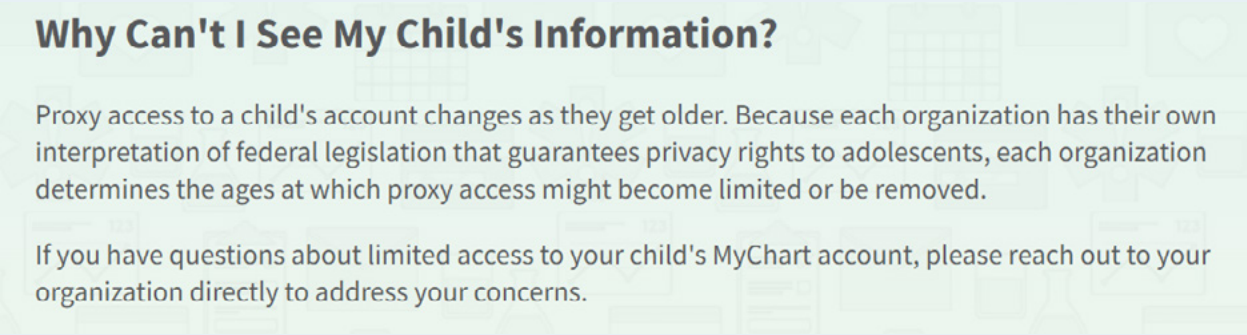
23 Primary Care Toolkit. (n.d.). Section 3. Documenting sexual orientation and gender identity information. Retrieved August 18, 2025. **https://lgbtqprimarycare.com/chapter-9/section-3-documenting-sexual-orientation-and-gender-identity-information/**

PROXY ACCESS

Epic also has a feature which allows the institution to provide proxy access to another person's MyChart account. Epic MyChart is the patient portal that allows patients to access their health information, communicate with healthcare providers, schedule appointments, view test results, request prescription refills, and manage billing online.[24] MyChart is integrated within an institution's Epic EHR system and is widely used by healthcare systems for patient engagement and care coordination.

Epic notes that "proxy access to a child's account changes as they get older. Because each organization has their own interpretation of federal legislation that guarantees privacy rights to adolescents, each organization determines the ages at which proxy access might become limited or removed."[25]

From **Request or Provide Proxy Access to Another Person's MyChart Account:**[26]



Why Can't I See My Child's Information?

Proxy access to a child's account changes as they get older. Because each organization has their own interpretation of federal legislation that guarantees privacy rights to adolescents, each organization determines the ages at which proxy access might become limited or be removed.

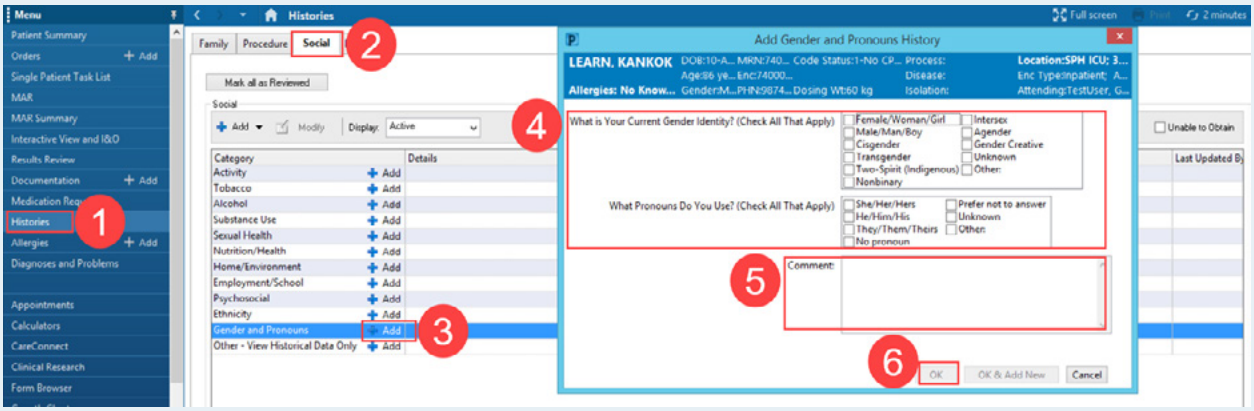
If you have questions about limited access to your child's MyChart account, please reach out to your organization directly to address your concerns.

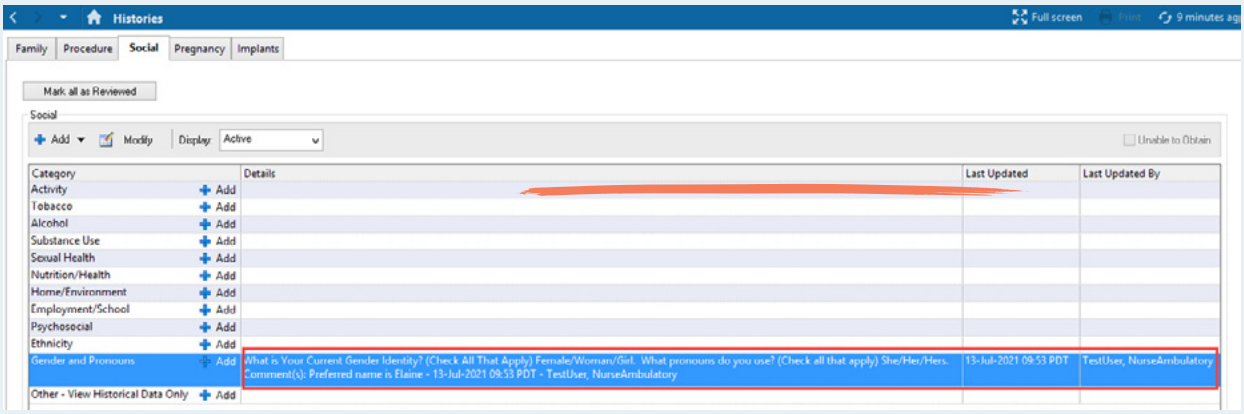
ORACLE HEALTH

Publicly available information about **Oracle Health's** EHR offers limited insight into how extensively gender-affirming principles are embedded within the system's design and functionality. However, Oracle showcases an article on its website entitled, "3 Ways Organizations Can Advance Gender-Affirming Healthcare," referencing its work with Rogers Behavioral Health to create a more "inclusive" EHR. This involved adopting inclusive language like "chosen name" instead of "preferred name" and "given name" for legal name, with mandatory fields for chosen name and pronouns. New dropdown options for gender identity and sex assigned at birth were added, while suppressing visibility of given name and sex assigned at birth when possible.[27]

24 Epic. MyChart is Epic. **MyChart**
25 MyChart is Epic. (n.d.). Request or Provide Proxy Access to Another Person's MyChart Account. **https://www.mychart.org/Help/proxy**
26 MyChart is Epic. (n.d.). Request or Provide Proxy Access to Another Person's MyChart Account. **https://www.mychart.org/Help/proxy**
27 Oracle Health. (n.d.). 3 Ways Organizations can Advance Gender-Affirming Healthcare. Retrieved on August 18, 2025. **https://www.oracle.com/europe/health/continuum-care/3-ways-organizations-can-advance-gender-affirming-healthcare/**

Screenshots from Cerner (Oracle Health) showing how to document Gender Identity, Pronouns, and Preferred Name in Social History from **cstcernerhelp.healthcarebc.ca**:[28]





PROXY ACCESS

As a hospital is configuring its EHR, it works with Oracle Health to establish the confidentiality settings it wishes to employ. This prevents the healthcare proxy (i.e., parent in the case of a child) from accessing certain categories of healthcare information. These settings allow the hospital to enter the minor age limit based on the jurisdiction's laws or their organization's policies.[29] As per Oracle Health's Confidentiality User Guide, "When a minor reaches the protected status age, an option becomes available to them from the Settings menu in the Patient Portal, and they can select what category of information they want to restrict. When a proxy tries to access restricted information, they receive an error message."[30]

Oracle Health uses 13 as the default protected status age.[31] This allows a child as young as 13 to hide certain medical records from view of their proxy, which in most cases would be their parents.

28 CST Cerner Help (n.d.). Add gender identity, pronouns, or preferred name in the chart. Retrieved on August 18, 2025. **https://cstcernerhelp.healthcarebc.ca/Patient_Chart/Histories/Add_Gender_Identity,_Pronouns,_or_Preferred_Name_in_PowerChart.htm**
29 Oracle Health. User Guide: Confidentiality. **Confidentiality**
30 Oracle Health. User Guide: Confidentiality. **Confidentiality**
31 Oracle Health. Solution changes in oracle health patient portal administrative console. **Solution Changes in Oracle Health Patient Portal Administrative Console**

From **Solution Changes in Oracle Health Patient Portal Administrative Console:**[32]

Solution Change	Description and UI Impact	Reference Materials	Validation Guidelines	Inplementation and Maintenance Impact
Configure Minor Protected Status Confidentiality for Results and Vital Signs (HLG2-3309)	You can configure whether protected minors can hide results and vital signs information from view of their proxy. This status is **On** by default. UI impact (Workflow - Automatic): Administrators now can select whether minor protected status age functionality is available to Oracle Health Patient Portal Cloud Service users.	See the Set Minor Protected Status Age section of the Oracle Health Patient Portal Administrative Console User Guide for more information.	Verify that you can turn the Confidentiality Settings for Protected Minors - Results and Vitals from **On** to **Off**.	Implementation impact (Low): Set the Results and Vitals confidentiality toggle button to your organization's preference. No maintenance impact.

Solution Change	Description and UI Impact	Reference Materials	Validation Guidelines	Inplementation and Maintenance Impact
Configure Minor Protected Status Age (HGL2-3231)	You can define the age at which minors can restrict their results and vital signs information from view of their proxy. The age is **13** by default. UI impact (Workflow - Automatic): If minor protected status age is set to on, administrators can set the age at which patients can restrict information from their proxy.	See the Set Minor Protected Status Age section of the Oracle Health Patient Portal Administrative Console User Guide for more information.	Verify that you can adjust the minor protected status age between 13 and 17 years of age.	Implementation impact (Low): Set the minor protected status age to align with your organization's preference or applicable local law. No maintenance impact.

32 Oracle Health. Solution changes in oracle health patient portal administrative console. **Solution Changes in Oracle Health Patient Portal Administrative Console**

EVIDENCE OF PROXY ACCESS IN HEALTHCARE SYSTEMS

Below are examples of the proxy configurations utilized by health systems throughout the country. This includes examples from both Epic and Oracle Health as well as examples of proxy access incidents encountered by parents. In each instance, the institution indicates to parents/guardians that they will potentially lose access to their child's medical records, based on the decision of the child.

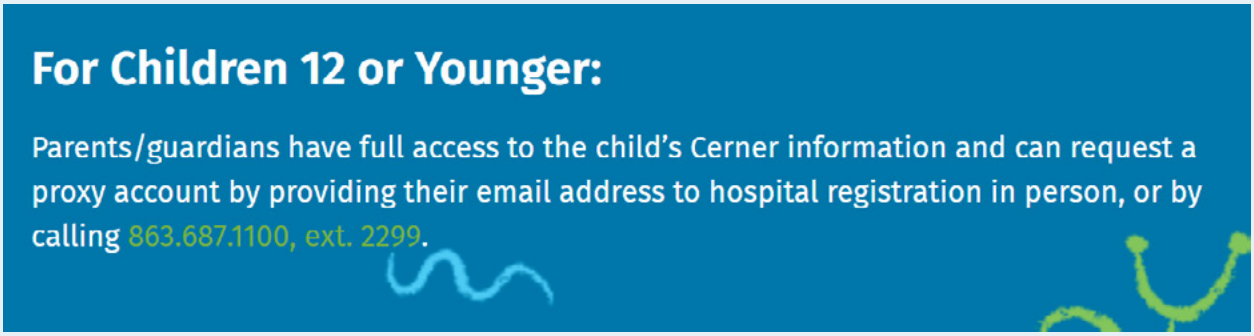
FLORIDA

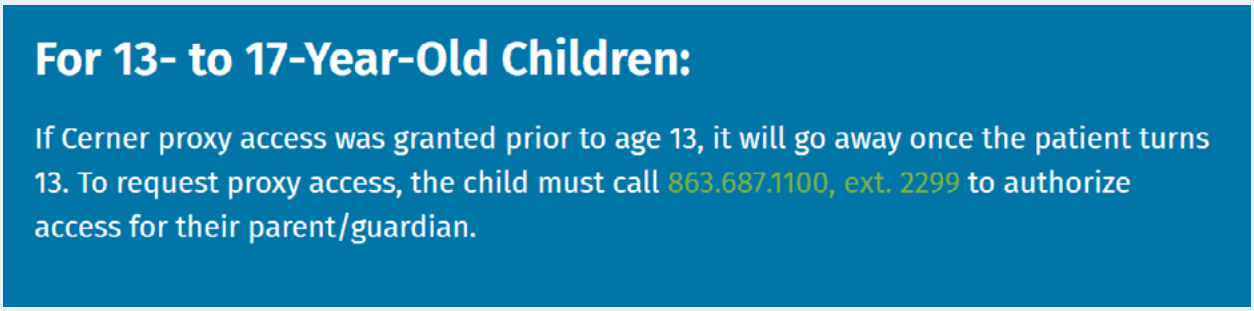
Lakeland Regional Health

EHR: Oracle Health (formerly Cerner)

Concern: As shown below, if proxy access was granted prior to the age of 13, this automatically goes away once the patient turns 13 years old. This means that the parent or guardian is unable to access some, if not all, of their child's medical records. Even more concerning is that in order for proxy access to be turned back on, the CHILD must call to authorize access for their parent or guardian.

The following were accessed at **Cerner Proxy – Lakeland Regional Health**:





UF Health Shands Hospital

EHR: Epic

Concern: As outlined below, children aged 12 and older have independent access to their medical records. Parents must request proxy access.

The following were accessed at **UF Health**:

- Photo 1: QR to complete proxy form

- Image 2: Proxy Request for Access to MyUFHealth[33]

Young children

Parents of younger children (under 12 years old) can sign up as a MyUFHealth proxy to gain access to their child's full account on the MyUFHealth patient portal, a secure online resource to access medical information. You can request this access online within your personal MyUFHealth account.

- After logging in to MyUFHealth on the UFHealth.org website or via the MyChart/MyUFHealth app, click "Menu" and then click "Request Family Access."
- Complete and submit the form to request proxy access.
- You will receive a message in MyUFHealth once access is granted, which may take up to five business days.
- In certain situations, in-person setup will be required. In these cases, photo identification will be required.

Teens

Parents of adolescent patients (12-17 years old) may also request MyUFHealth proxy access to their child's MyUFHealth account through the process outlined above.

33 UFHealth. (n.d.). Parental Access to Children's Medical Records. **https://ufhealth.org/myufhealth-children**

GEORGIA

Wellstar Heath System

EHR: Epic

Concern: As shown below, at the age of 12, the parent or guardian is granted only limited access to their child's medical record and can only see immunizations and schedule appointments. Even more concerning is that in order for the parent or guardian to gain full access to their child's medical records, the CHILD must authorize this access for their parent or guardian.

The following were accessed at **MyChart: Information Sharing for Pediatric Patients**:

Adult-Child Proxy *(0-11)*	**Teen** *(12-17)*	**Teen Plus** *(12-17)*	**Adult-Adult** *(18+)*
Includes **full access for the adult.** Access is given to an adult (parent, guardian etc.). Patients ages 0-11 do not have access to create their own MyChart account.	Includes **limited access for the adult and excludes results and notes.** Patients 12-17 have access to create their own MyChart account. Adults with an existing 'Adult-Child' proxy access to the child will automatically transition to 'Teen Proxy' on the child's 12th birthday.	Includes **full access for the adult, including results and notes.** The teen can grant proxy access to the adult by using the Friends and Family Access functionality in MyChart. This access will expire on the teen's 18th birthday.	Patients 18+ have access to create their own MyChart account. When granting proxy access to another patient aged 18+, they are given 'Adult-Adult' proxy access. This access does not expire.

What can I see if I am granted Child Proxy access?

1. If the child is 0-11 the parent/legal guardian is granted full access to their child's MyChart record.
2. If the child is 12-17 the parent is granted limited access to their child's MyChart record (the parent can only view immunizations and schedule appointments).
3. When the patient turns 18 the parents/legal guardians proxy access will automatically be revoked, as the child is now an adult.

What is Teen access?

Teen Access allows teens age 12-17 to have full access to their own MyChart account. Teens age 12-17 can invite friends and family to have full proxy access to their MyChart account by using the Proxy Invite feature. It is important to note that when a parent is given access through teen proxy, all health information that the teen patient can see is also viewable by the parent or guardian given proxy access.

How do I revoke my parent or guardian MyChart access?

Patients can remove proxy access at any time through the friends and family section. Patients can also contact their provider's office or the MyChart help desk (470-644-0419) for assistance.

What access or functionality will a parent or teen have at each age?

Below is a comparison of proxy access security for each type provided at Wellstar (Adult-Child, Teen, Teen Plus and Adult-Adult).

NORTH CAROLINA

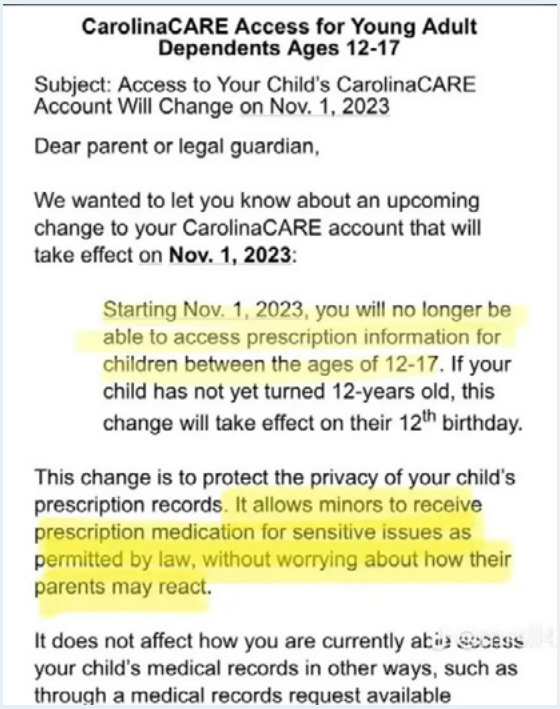
CarolinaCARE

EHR: Unknown

Concern: As outlined below, parents are no longer permitted to access prescription information for their minor children aged 12–17, citing that this allows minors to receive prescriptions for "sensitive" issues.

The following was accessed at **CarolinaCARE Access for Young Adult Dependents Ages 12-17**:

- "Starting Nov. 1, 2023, you will no longer be able to access prescription information for children between the ages of 12-17....This change is to protect the privacy of your child's prescription records. It allows minors to receive prescription medication for sensitive issues as permitted by law, without worrying about how their parents may react."



CarolinaCARE Access for Young Adult Dependents Ages 12-17

Subject: Access to Your Child's CarolinaCARE Account Will Change on Nov. 1, 2023

Dear parent or legal guardian,

We wanted to let you know about an upcoming change to your CarolinaCARE account that will take effect on **Nov. 1, 2023**:

> Starting Nov. 1, 2023, you will no longer be able to access prescription information for children between the ages of 12-17. If your child has not yet turned 12-years old, this change will take effect on their 12th birthday.

This change is to protect the privacy of your child's prescription records. It allows minors to receive prescription medication for sensitive issues as permitted by law, without worrying about how their parents may react.

It does not affect how you are currently able to access your child's medical records in other ways, such as through a medical records request available

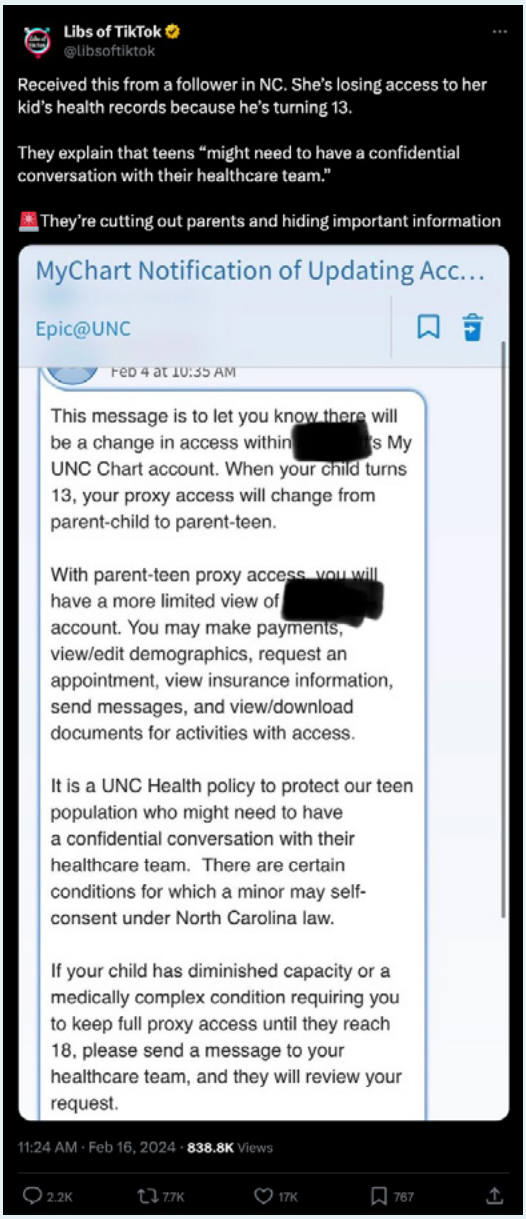
UNC Health

EHR: Epic

Concern: As outlined below, parents lose access to their child's medical records once the child reaches 13 years of age.

The following was posted on X regarding **Epic at UNC**:

- UNC Chart account: "When your child turns 13, your proxy access will change from parent-child to parent-teen. With parent-teen proxy access, you will have a more limited view of [your child's] account....It is a UNC Health policy to protect our teen population who might need to have a confidential conversation with their healthcare team. There are certain conditions for which a minor may self-consent under North Carolina law."



WASHINGTON

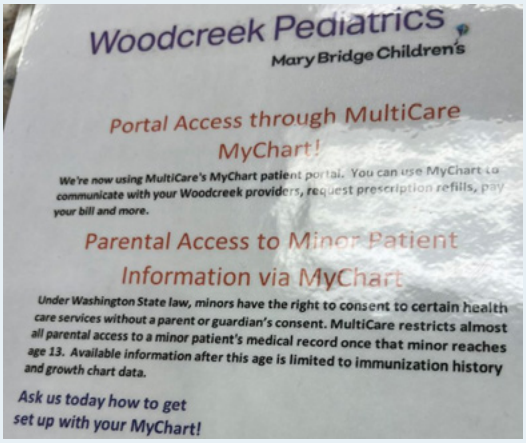
Woodcreek Pediatrics-Mary Bridge Children's

EHR: Epic

Concern: As outlined below, parents lose access to almost all of their child's medical records once the child reaches 13 years of age.

The following was posted on X regarding **Woodcreek Pediatrics at Mary Bridge Children's**:

- "Parental Access to Minor Patient Information Via MyChart – Under Washington State law, minors have the right to consent to certain health care services without a parent or guardian's consent. MultiCare restricts almost all parental access to a minor patient's medical record once that minor reaches age 13. Available information after this age is limited to immunization history and growth chart data."



CHILDREN NEED PARENTAL GUIDANCE IN MEDICAL DECISIONS

While these institutions make a questionable attempt to be transparent with their proxy access policies, the concept of allowing a 13-year-old decision making capacity is counter to what we understand about a developing adolescent brain. Adolescents simply do not have the cognitive capacity to make these difficult decisions. Why shouldn't a 13-year-old's parents be able to access non-STI lab results or pediatric clinic notes? This would also mean that if a child went to the emergency department for a broken bone, the parent would not be able to see that encounter in the patient portal. Any broken bone, or serious health condition, requires time sensitive medical follow up – a responsibility any parent gladly accepts.

Parental support is making sure their child takes their medications as prescribed and follows their doctor's direction. It is helpful for the parent to have access to medical notes to review what was discussed during the visit. Hiding social transition and other so-called "gender-affirming" interventions, which are possible catalysts for many of these proxy access policies, is dangerous to the child and hides from parents the distress their child is experiencing. Any parent would want to know what is happening, and do whatever is necessary to make sure their child receives appropriate care.

INAPPROPRIATE PEDIATRIC HEALTHCARE SURVEYS AND QUESTIONNAIRES

This report further identified the use of multiple inappropriate pediatric surveys among several different health systems. These surveys included questions on the "patient's sex at birth," "preferred pronouns," and the patient's "internal sense of self." In one instance, this type of survey was given to the parents of a toddler. That same survey also had a clear demarcation to not include in the medical record (i.e., "Do NOT send to HIM to scan." HIM is health information management.).

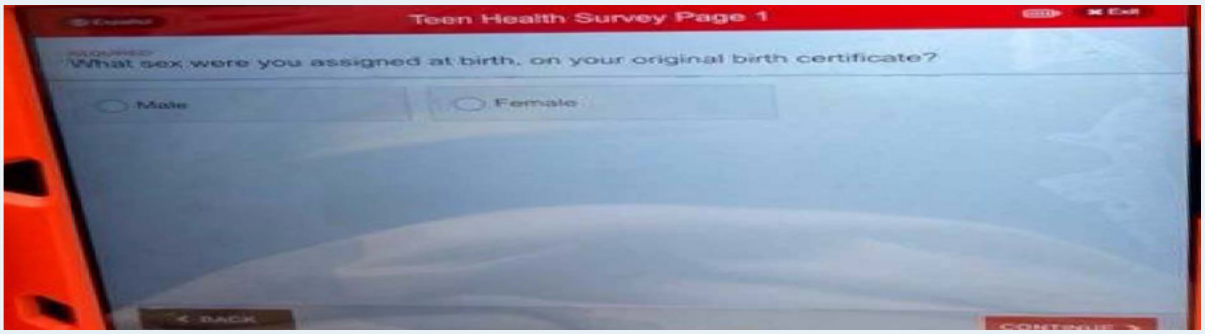
DISTRICT OF COLUMBIA (DC)

Children's National Hospital

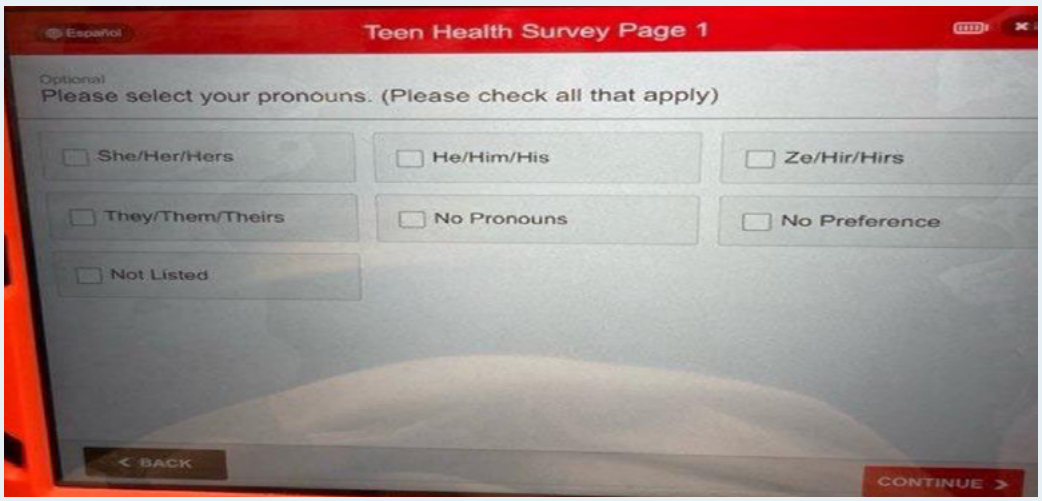
Evidence: Teen Health Survey Page

Background: This was a survey given to a 13-year-old in the emergency room. Parts were administered with the parents present and when the parents were not present. The patient was in the emergency room with a complaint unrelated to what was covered in this survey.

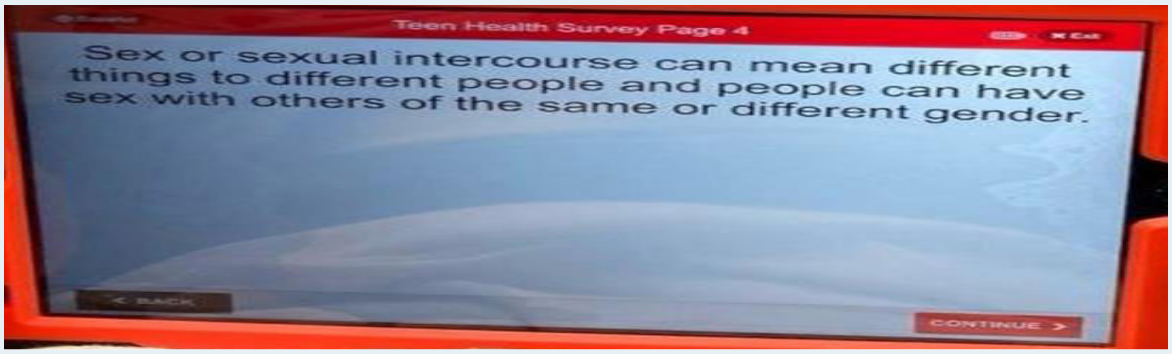
- **Image 1.** What sex were you assigned at birth, on your original birth certificate? *Male, Female*



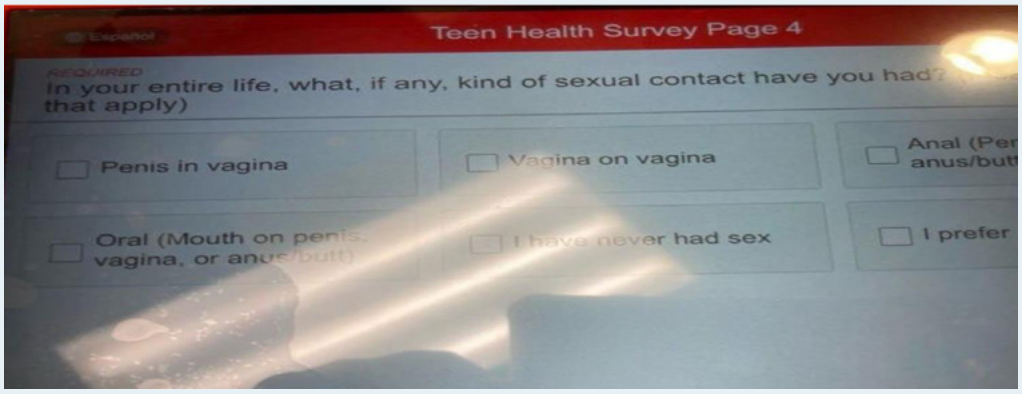
- **Image 2.** Please select your pronouns. (Please check all that apply): *She/Her/Hers, He/Him/His, Ze/Hir/Hirs, They/Them/Theirs, No Pronouns, No Preference, Not Listed*



- **Image 3.** Sex or sexual intercourse can mean different things to different people and people can have sex with others of the same or different gender.



- **Image 4.** In your entire life, what, if any kind of sexual contact have you had? (select all that apply): *Penis in vagina, Vagina on vagina, Anal, Oral, I have never had sex, I prefer not to answer*



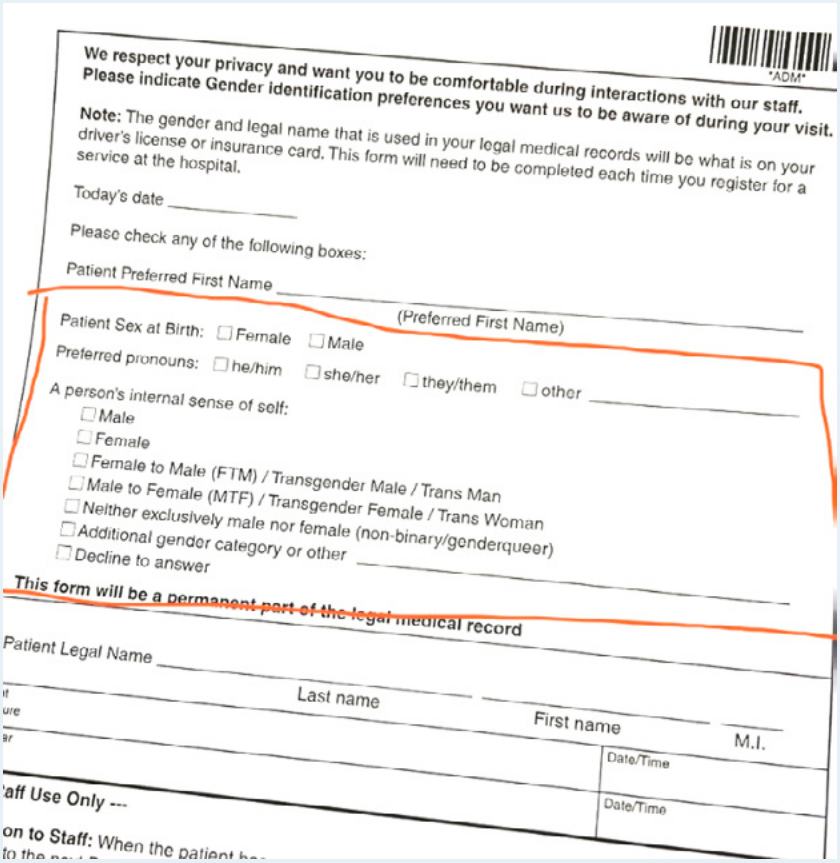
FLORIDA

North Okaloosa Medical Center

Evidence: Patient Preferred Information Form

Background: This was submitted by a parent in Florida. It is noted that the parent was given this survey to complete for her toddler. The following are excerpts from that survey:

- **Patient Sex at Birth:** Female, Male
- **Preferred pronouns:** he/him, she/her, they/them, other
- **A person's internal sense of self:** Male, Female, Female to Male (FTM)/Transgender Male/Trans Man, Male to Female (MTF)/Transgender Female/Trans Woman, Neither exclusively male nor female (non-binary/genderqueer), Additional gender category or other, Decline to answer



We respect your privacy and want you to be comfortable during interactions with our staff.
Please indicate Gender identification preferences you want us to be aware of during your visit.

Note: The gender and legal name that is used in your legal medical records will be what is on your driver's license or insurance card. This form will need to be completed each time you register for a service at the hospital.

Today's date _____

Please check any of the following boxes:

Patient Preferred First Name _____ (Preferred First Name)

Patient Sex at Birth: ☐ Female ☐ Male

Preferred pronouns: ☐ he/him ☐ she/her ☐ they/them ☐ other _____

A person's internal sense of self:
- ☐ Male
- ☐ Female
- ☐ Female to Male (FTM) / Transgender Male / Trans Man
- ☐ Male to Female (MTF) / Transgender Female / Trans Woman
- ☐ Neither exclusively male nor female (non-binary/genderqueer)
- ☐ Additional gender category or other _____
- ☐ Decline to answer

This form will be a permanent part of the legal medical record

Patient Legal Name _____

Last name First name M.I.

Date/Time

Date/Time

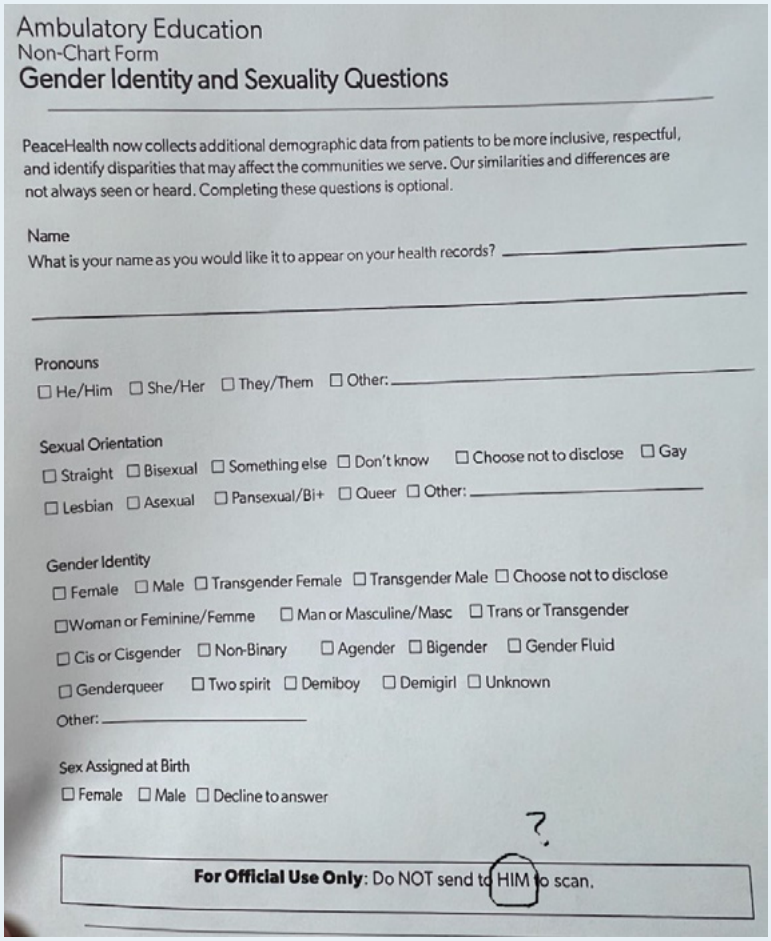
OREGON

PeaceHealth

Evidence: Ambulatory Education Non-Chart Form Gender Identity and Sexuality Questions

Background: This was received by a parent in Oregon. The parent was asked to complete this survey for a 1-year-old during the child's visit to the doctor. The following are excerpts from that survey:

- "What is your name as you would like it to appear on your health records?"
- **Pronouns:** He/Him, She/Her, They/Them, Other
- **Sexual Orientation:** Straight, Bisexual, Something else, Don't know, Choose not to disclose, Gay, Lesbian, Asexual, Pansexual/Bi+, Queer, Other
- **Gender Identity:** Female, Male, Transgender Female, Transgender Male, Choose not to disclose, Woman or Feminine/Femme, Man or Masculine/Masc, Trans or Transgender, Cis or Cisgender, Non-Binary, Agender, Bigender, Gender Fluid, Genderqueer, Two spirit, Demiboy, Demigirl, Unknown, Other
- **Sex Assigned at Birth**: Female, Male, Decline to answer



Ambulatory Education
Non-Chart Form
Gender Identity and Sexuality Questions

PeaceHealth now collects additional demographic data from patients to be more inclusive, respectful, and identify disparities that may affect the communities we serve. Our similarities and differences are not always seen or heard. Completing these questions is optional.

Name
What is your name as you would like it to appear on your health records? _____

Pronouns
☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____

Sexual Orientation
☐ Straight ☐ Bisexual ☐ Something else ☐ Don't know ☐ Choose not to disclose ☐ Gay
☐ Lesbian ☐ Asexual ☐ Pansexual/Bi+ ☐ Queer ☐ Other: _____

Gender Identity
☐ Female ☐ Male ☐ Transgender Female ☐ Transgender Male ☐ Choose not to disclose
☐ Woman or Feminine/Femme ☐ Man or Masculine/Masc ☐ Trans or Transgender
☐ Cis or Cisgender ☐ Non-Binary ☐ Agender ☐ Bigender ☐ Gender Fluid
☐ Genderqueer ☐ Two spirit ☐ Demiboy ☐ Demigirl ☐ Unknown
Other: _____

Sex Assigned at Birth
☐ Female ☐ Male ☐ Decline to answer

?

For Official Use Only: Do NOT send to HIM to scan.

CALL TO ACTION

The duty of all healthcare providers is to do no harm. Unfortunately, the organizations and providers pushing for confidentiality of an adolescent's entire medical record, beyond the scope of existing state law, are putting children at great risk by burdening them with significant healthcare decisions without the guidance of loving parents or guardians. The proxy access default should not be to limit parental access beyond what is already restricted by state law. Even more concerning is that confidentiality regulations are being used to hide aspects of pediatric medical transition, such as social transitioning and preferred pronouns of the child, as well as medications, from parents and guardians.

Federal and state governments should enforce existing regulations and ensure parental access to their child's healthcare records during the most formative years of their lives. These laws are typically limited to the type of medical care for which unemancipated minors can consent to, such as STI testing, the prescribing of birth control, mental healthcare, and drug and alcohol abuse care. For instance, Texas Attorney General Ken Paxton recently secured an agreement with Austin Diagnostic Clinic (ADC) to revise its policy that limited parental access to their children's electronic health records. This action followed an investigation prompted by complaints that ADC was denying parents access to their children's medical records once they turned twelve, in violation of Texas law under Tex. Health & Safety Code § 183.006(b), which guarantees parents immediate access, aside from those parts of the record specifically restricted by state or federal law.[34]

Limiting parental access beyond the scope of federal and state law infringes on parental responsibility as well as their rights as the "personal representatives" of an unemancipated minor.[35] Current regulations must be enforced to reduce healthcare facilities' use of EHRs to block parents' access to their minor's medical records. Failure to comply should result in monetary penalties. Ultimately, the goal should be to protect the health and well-being of children, which entails protecting the rights of their parents to fulfill their parental responsibilities.

34 Texas Attorney General. (2025, October 10). Attorney General Ken Paxton Secures Landmark Agreement with Central Texas Medical Provider to Protect Parental Access to Children's Electronic Health Records. **https://www.texasattorneygeneral.gov/news/releases/attorney-general-ken-paxton-secures-landmark-agreement-central-texas-medical-provider-protect**

35 **§164.502 Uses and disclosures of protected health information: General rules**

APPENDIX

The table below was taken from Sharko, M., Jameson, R. et. al. (2022, May 9). State-by-state variability in adolescent privacy laws. *Pediatrics*. **State-by-State Variability in Adolescent Privacy Laws | Pediatrics | American Academy of Pediatrics**.

It can also be accessed here: **State-by-State Policies Governing the Ability for Minors to Consent for Medical Services** and was slightly modified to be displayed below:

State	General Medical Care	Immunizations	Dental Care
Alabama	If 14 y or older or graduated high school, ever married or pregnant. Age of maturity is 19 y	Yes, if 14 y or older or graduated high school	14 y or older or graduated high school, ever married or pregnant
Alaska	If emancipated, living apart and financially independent, married or parents. Otherwise, if parent cannot be contacted or unwilling to give consent	Yes, if parent cannot be contacted or won't grant consent	If emancipated, living apart and financially independent, married or parents. Otherwise, if parent cannot be contacted or unwilling to give consent
Arizona	If emancipated, married, or homeless	No, unless court ordered	No
Arkansas	If emancipated, married, incarcerated, or if have sufficient intelligence to appreciate the consequences of treatment	Yes, if mature minor	No explicit policy
California	If 15 y or older, living separately and financially independent, or 12 y or older if in contact with infectious, contagious, or communicable disease	Yes, if 12 or older for HPV, Hep B (or COVID-19 in San Francisco)	15 y or older
Colorado	If 14 y or older, living separately and financially independent	No	If 14 or older, living separately and financially independent
Connecticut	If emergency case, emancipated or married	No	Yes, if married, or emancipated minor, or a parent.
Delaware	If married, pregnant, in an emergency, or 12 y or older with infectious diseases	Yes, if 12 y and older, except COVID-19	Yes, if married or pregnant
Florida	If 16 y or older and emancipated, or married, homeless, or living apart and financially independent	No	16 y or older and emancipated, or married, homeless, or living apart and financially independent
Georgia	If emancipated or married	No	Yes, for emancipated minor
Hawaii	If 14 y or older, not under the control of a legal guardian, with informed consent, and care is for minor's benefit	no	14 y or older, not under the control of a legal guardian, with informed consent, and care is for minor's benefit

STI, sexually transmitted infection.

HIV, human immunodeficiency virus.

* Parental/guardian may be informed.

The information in this table may not be the most updated, accurate or complete.

Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
No explicit policy	Yes, if 12 y or older*	Yes, if 12 y or older*	14 y or older or graduated high school, ever married or pregnant	Yes	Yes	14 y or older or graduated high school, ever married or pregnant
No explicit policy	Yes	No	Yes	Yes	No explicit policy	No explicit policy
Yes, if 12 y or older	Yes	No	Yes	No explicit policy	Yes, if 12 y or older	No explicit policy
No explicit policy	Yes*	No	Yes	Yes	If they have sufficient intelligence to appreciate the consequences	If they have sufficient intelligence to appreciate the consequences
Yes, if 12 y or older	Yes, if 12 y or older	Yes, if 12 y or older	Yes	Yes	Yes, if 12 y or older*	Yes,* if 12 y or older and is mature enough to participate intelligently and is in present danger or victim of incest or child abuse
Yes	Yes, if 13 y or older	Yes, if 13 y or older*	Yes	Yes	Yes	Yes, if 15 y or older*
No explicit policy	Yes, physician must report positive result if younger than 12 y	Yes, physician must report positive result if younger than 12 y	Yes, if married	No explicit policy for unmarried minors	Yes	Yes
No explicit policy	Yes, if 12 y or older*	Yes, if 12 y or older*	Yes, if 12 y or older*	Yes, if 12 y or older*	Yes, if 14 y or older for outpatient	No explicit policy
No explicit policy	Yes	Yes	Yes, if married, a parent, pregnant or ever pregnant	Yes	Yes	Yes, if 13 y and older
No explicit policy	Yes*	Yes*	Yes	Yes	Yes*	No explicit policy
No explicit policy	Yes, if 14 y or older*	No	Yes, if 14 y or older*	Yes, if 14 y or older*	Yes*	Yes, if 14 y or older

APPENDIX (CONTINUED)

State	General Medical Care	Immunizations	Dental Care
Idaho	If able to comprehend the nature of and risks of treatment	Yes, if mature minor	If able to comprehend the nature of and risks of treatment
Illinois	If 14 y and older and emancipated, understands benefits and risks, identified by a listed representative, or married, pregnant or a parent	Yes, if 12 y or older for HPV or Hep B	Emergency dental care
Indiana	If emancipated, 14 y old and financially independent and living apart from parents, married, or in the military	No	No explicit policy
Iowa	If 16 y or older and emancipated, or married, or incarcerated as an adult	Yes, if 12 y or older for HPV or Hep B	No explicit policy
Kansas	16 y or older	No	Yes if, 16 y or older
Kentucky	If emancipated, married, or parent	No	If emancipated, married, or parent
Louisiana	Yes	Yes, except COVID-19	No explicit policy
Maine	If living independently, or married, or in the Armed Forces, or emancipated	No	If living independently, or married, or in the Armed Forces, or emancipated
Maryland	If married, a parent, living independently, or in an emergency	No	If married, a parent, living independently, or in an emergency
Massachusetts	If emancipated, living apart from parents, ever married, pregnant, or a parent; or has a disease dangerous to public health	No	If emancipated, living apart from parents, ever married, pregnant, or a parent; or has a disease dangerous to public health
Michigan	If emancipated, living apart from parents, ever married, pregnant, or a parent	No	If emancipated, living apart from parents, ever married, pregnant, or a parent
Minnesota	If living independently, married, pregnant, a parent, or in an emergency	Yes, only for Hep B	If living independently, married, pregnant, a parent, or in an emergency
Mississippi	If married or emancipated	No	No explicit policy

Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
If able to comprehend the nature of and risks of treatment	Yes, if 14 y or older	Yes, if 14 y or older	Yes	Yes	Yes,* Info may be shared with parent if younger than 16 y	Yes, if 14 y or older
Yes	Yes, if 12 y or older*	Yes, if 12 y or older*	Yes, if married, a parent, pregnant or ever pregnant, or referred	Yes	Yes, if 12 y or older	Yes, if 12 y or older, 16 or older for inpatient*
Yes	Yes	No	Yes, if married	No explicit policy for unmarried minors	Yes	No explicit policy
Yes, treatment information cannot be kept confidential from parent	Yes	Yes, parent must be notified for a positive result	Yes	No explicit policy for unmarried minors	Yes	No explicit policy for general mental health; may consent to immediate or short-term mental health services if a victim of sexual assault or sexual abuse
Yes	Yes*	No	Yes, if mature minor	Yes, if mature minor	Yes	No explicit policy
Yes	Yes*	Yes	Yes*	Yes*	Yes*	Yes, if 16 y or older*
No explicit policy	Yes*	No	Yes, if married	No explicit policy for unmarried minors	Yes*	No explicit policy
Yes	Yes*	No	Yes*	Yes*	Yes*	Yes*
Yes	Yes*	No	Yes*	Yes*	Yes*	Yes, a minor 12 y or older*
No explicit policy	Yes, parent must be notified if minor's health or life at risk	No	Yes, not through state funding	Yes, parent must be notified if minor's health or life at risk	Yes, if 12 y or older	Yes, if 16 y or older
Yes	Yes*	Yes*	Yes, if married	Yes*	Yes, if 14 y or older	Yes, if 14 y or older
No explicit policy	Yes*	No	Yes*	Yes*	Yes*	Yes, if related to pregnancy, venereal disease, or alcohol and other drug abuse
No explicit policy	Yes	Yes, but does not include treatment	Yes, if married or a parent or referred	Yes	Yes, if 15 y or older*	No explicit policy

APPENDIX (CONTINUED)

State	General Medical Care	Immunizations	Dental Care
Missouri	If married, parent, or pregnant	No	No explicit policy
Montana	If emancipated, married, a parent, graduated from high school, or living apart from parents	Yes, if married, a parent, or graduated high school, except for COVID-19	Yes, if delay in care would endanger health
Nebraska	No explicit policy.* Age of maturity is 19 y	No	No explicit policy
Nevada	If living apart from parents, ever married, parent, or health emergency	No	If living apart from parents, ever married, parent, or health emergency
New Hampshire	Emergency care	No	No explicit policy
New Jersey	If married or pregnant	No	No explicit policy
New Mexico	If 14 y with capacity to give consent and living apart from parents, or a parent	No	If 14 y with capacity to give consent and living apart from parents, or a parent
New York	If parent, married, or in an emergency	Yes, only for HPV	If parent, married, or in an emergency
North Carolina	If married, or 16 or older and emancipated, or for emergency care	Yes, except for those with emergency use authorization	No explicit policy
North Dakota	Yes, for emergency care	No	Yes, if 14 y and homeless
Ohio	No explicit policy	No	No explicit policy
Oklahoma	Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy	No	Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy.
Oregon	If 15 y or older	Yes, if 15 y or older	Yes, if 15 y or older
Pennsylvania	If married, emancipated, pregnant, or graduated from high school	No, unless 11 y and older for COVID-19 in Philadelphia, and able to consent	Yes, if minor is emancipated or has graduated high school, been married or been pregnant.

Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
Yes	Yes*	No	Yes, if married	Yes*	Yes*	No explicit policy
No explicit policy	Yes*	Yes	Yes*	Yes*	Yes*	Yes, if 16 y or older
No explicit policy	Yes	No	Yes, if married	No explicit policy	Yes	No explicit policy
No explicit policy	Yes	Yes	Yes, if married, a parent or a mature minor	Yes, if married or mature minor	Yes	No explicit policy
No explicit policy	Yes, if 14 y or older	No	Yes, if mature minor	Yes, if mature minor	Yes, if 12 y or older	No explicit policy
Yes, if 13 y or older	Yes*	Yes, 13 y or older*	Yes, if. married, pregnant or ever pregnant	Yes*	Yes	Yes, 16 y or older for outpatient services, excluding medications
No explicit policy	Yes	Yes, but does not include treatment	Yes	Yes	Yes, if 14 y or older, parents notified if psychotropic medications given	Yes, if 14 y or older, parents notified if psychotropic medications given
Yes	Yes	Yes, but does not include treatment	Yes, not through state funding	Yes	Yes*	Yes*
No explicit policy	Yes	Yes	Yes	Yes*	Yes	Yes
Yes	Yes, if 14 y or older	Yes, if 14 y or older	No explicit policy	Yes, during first trimester and first visit after first trimester	Yes, if 14 y or older	No explicit policy
Yes	Yes	Yes, but does not include treatment	No explicit policy	No explicit policy	Yes	Yes, if 14 y or older
Yes	Yes*	Yes*	Yes, if married, pregnant or ever pregnant*	Yes*	Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy; 16 y or older for inpatient treatment	Yes, in an emergency or if married, emancipated, living apart, or has had a pregnancy; 16 y or older for inpatient treatment
No explicit policy	Yes	Yes	Yes*	Yes, if 15 y or older*	Yes,* outpatient: 14 y or older; onpatient: 15 y or older	Yes,* outpatient: 14 y or older; inpatient: 15 y or older
Yes	Yes	Yes	Yes, if 14 y or older	Yes	Yes*	No explicit policy

APPENDIX (CONTINUED)

State	General Medical Care	Immunizations	Dental Care
Rhode Island	If 16 y or older for certain services	Yes, if 16 y or older	No explicit policy
South Carolina	If 16 y or older	Yes, if 16 y or older	Yes, if deemed medically necessary
South Dakota	If married or emancipated	No	No explicit policy
Tennessee	If 16 y or older	Yes, if 14 y or older, and mature minor	Yes, 14 y or older for numerous situations
Texas	If 16 y or older	No	Yes, if 16 y or older and lives separate from parents or guardians
Utah	If emancipated, married, a parent, or an unaccompanied homeless minor who is 15 y or older	No	No explicit policy
Vermont	If emancipated or married	No	No explicit policy
Virginia	If emancipated, married or a parent	No	If emancipated, married, or parent.
Washington	If emancipated, married, or meets criteria for being homeless	Yes, if mature minor	No explicit policy
West Virginia	If 16 y and emancipated or married	No	No explicit policy
Wisconsin	No explicit policy	No	No explicit policy
Wyoming	If emancipated, is or was married, in the military, or living apart from parents and managing their own affairs	No	No explicit policy

Sexual Assault Evaluation	STI Testing and Treatment	HIV Testing and Treatment	Contraceptive Care	Prenatal Care	Substance Abuse Treatment	Mental Health Care
No explicit policy	Yes	Yes	No explicit policy	No explicit policy	Yes	No explicit policy
No explicit policy	Yes, if 16 y or older or mature minor	Yes, if 16 y or older or mature minor	Yes, if 16 y or older, mature minor or married	Yes, if 16 y or older, or mature minor	Yes, if 16 y or older, younger when deemed necessary	Yes, if 16 y or older, younger when deemed necessary
Yes, if 16 y or older	Yes	No	Yes, if married	No explicit policy for unmarried minors	Yes	No explicit policy
No explicit policy	Yes	Yes	Yes	Yes	Yes*	Yes, if 16 y or older
Yes	Yes*	Yes*	Yes, if married	Yes*	Yes* Inpatient: 16 y or older	Yes
No explicit policy	Yes	No	Yes, if married	Yes	No explicit policy	No explicit policy
Yes	Yes, if 12 y or older	Yes, if 12 y and older, but does not include treatment	Yes, if married	No explicit policy for unmarried minors	Yes, if 12 y or older	Yes,* outpatient: any age; inpatient: 14 y or older
No explicit policy	Yes	Yes	Yes	Yes	Yes, for outpatient treatment	Yes, for outpatient treatment
No	Yes, if 14 y or older	Yes, if 14 y or older	Yes	Yes	Yes, if 13 y or older for outpatient treatment	Yes, if 13 y or older for outpatient treatment
No explicit policy	Yes	No	Yes, if married	Yes, if 16 y or older and married or a mature minor	Yes	Yes, if 14 y or older
Yes	Yes	No	No explicit policy	No explicit policy	Yes,* if 12 y or older and the parent cannot be found. The parent or guardian must be notified at soon as possible.	Yes, if 14 y or older
Yes, if parent or guardian cannot be located	Yes	Yes	Yes, not through state funding	No explicit policy for unmarried minors	Yes,* If 12 y or older and is a smoker or user of tobacco products	No explicit policy

Do No Harm