

Introduction

Deepen your team's understanding of minor consent laws in Michigan with an emphasis on behavioral health settings.

Objectives

By the end of this Spark training, participants will be able to:

- Identify which services minors have a right to access without a parent/guardian's consent
- State the circumstances that behavioral health providers must override a minor's confidentiality and report

Preparation

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector and speakers for videos
- Copies of the *Michigan Confidentiality/Minor Consent Laws Spark Handout* for all participants
- Writing utensils for all participants

Prior to facilitating this training, ask your participants if they have any accessibility needs such as translation services, audio/visual accommodations, and physical space adjustments for those with limited mobility.

Additional Resources

If you would like to learn more about this Spark topic or find health care services to refer teens to, check out these additional resources:

- [Michigan Laws Related to Right of a Minor to Obtain Health Care without Consent or Knowledge of Parents](#) (The Network for Public Health Law CONSENT FOR CARE AND CONFIDENTIAL HEALTH INFORMATION Issue Brief)
- Children's Bureau [Mandatory Reporters of Child Abuse and Neglect](#)

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Key of Icons

 = Slide change  = Estimated duration of topic  = Script for facilitator  = Note for facilitator


Intro/Hook  (4 minutes) 1 – TITLE SLIDE

 Before starting the training, do introductions including name, role and pronouns if needed.

 Today we are going to do a 15 to 20 minute mini-training, also called a Spark on confidentiality and minor consent laws for behavioral health settings in Michigan. As behavioral health professionals, it is important that we understand adolescent confidentiality and minor consent. Each person here will have times where we need to know and comply with confidentiality laws, though it is different for our various roles. For each law and the scenario we discuss, please think about how it applies to your role. To get us started, let's review a case scenario.


This scenario discusses suicide and mental illness. Some of the content may be emotional and challenging to engage with depending on your personal experiences. We encourage you to check in with yourself throughout the module and take time to disengage and re-center when needed.

 2 – CASE SCENARIO: GIOVANNI, 17 Y/O (HE/HIM)


 This is Giovanni. He just started attending therapy for depression. During his session, he disclosed experiencing suicidal thoughts when he was in middle school. He denied experiencing thoughts of suicide or harming himself presently. His mom is in the waiting room and would like to know what you discussed during the visit.

Does the behavioral health provider have to disclose this information to Giovanni's parent?

 Pause for a few responses.


 While it is important to respect the privacy of our clients who are minors, challenges can come up when caregivers are concerned about their child and want to know what they are sharing with you. What can go wrong if we break confidentiality?

 Have a couple of people respond briefly. Main point: If we don't follow the laws or policies, it can have a negative impact on our clients.

 Many youth choose to include their caregiver in decisions about their mental health. For some youth, however, having the option of certain confidential services makes it more likely that they will seek care when they need it. We will return to Giovanni and his situation at the end of the presentation.

Key Concepts (8 minutes)


3 – MI LAW: CONSENT EXCEPTIONS

 Let's review the laws and consider how we implement them here. As we see on this slide, a parent or legal guardian must provide consent on behalf of a minor (under age 18) before health care services are provided, with **several important exceptions**:

- Emergency care
- Care for emancipated minors who can be emancipated by court order, marriage, or military active duty
- Specific health care services related to sexual health, **mental health, or substance use treatment**

 Pass out the “Michigan Confidentiality/Minor Consent Laws” [handout](#).

4 – MI LAW: CONFIDENTIALITY/MINOR CONSENT IN PHYSICAL HEALTH CARE

 Here is a [handout](#) that explains Michigan's confidentiality and minor consent laws. This slide also outlines the laws and can be a cheat sheet if you want to keep it handy. As we see here, patients under 18 have a right to the following physical health care services **without** parental/legal guardian consent or knowledge:


- Pregnancy testing and prenatal care
- Birth control information and contraceptives
- Testing and treatment for sexually transmitted infections (STIs), including HIV
 - Michigan law does not expressly allow minors to consent to HIV pre-exposure prophylaxis (PrEP) without parental/guardian involvement. It is considered best practice as part of routine STI prevention to counsel clients on PrEP use when indicated or requested. The following slide has more information on prescribing PrEP in Michigan. However, we recommend that you confer with your legal and/or risk management team, and state public health officials, to develop institutional policies around providing PrEP without parental/guardian consent.
- **Substance use treatment**
- **Patients ages 14 and up can access mental health counseling without parental/guardian consent/knowledge. This lasts for up to 12 visits, or for 4 months.**

Minors need a parent or guardian's permission for:

- Vaccines (including HPV)
- Mental health medications (some exceptions for youth 16 or older)
- Inpatient mental health treatment
- An abortion (unless a court-approved waiver is obtained)


Why is it important for our staff to know the confidentiality and minor consent laws around physical health, not just behavioral health?


 Allow a moment for people to respond.

 Many of these topics may come up when working with youth. As behavioral health providers and staff, having some working knowledge of confidentiality and minor consent laws in your state can help you provide additional resources and support your patients who are minors.

Some of these resources could include information on local Title X clinics (such as Planned Parenthood or Health Department clinics) or free clinics **that will also respect the client's right to confidentiality.**

5 – MI LAW: CONFIDENTIALITY/MINOR CONSENT IN BEHAVIORAL HEALTH CARE

 While it is important that all providers have some familiarity with minor consent and confidentiality laws across health care settings, let's take a look at the behavioral health-specific laws.

 As you can see, youth aged 14 and up can access outpatient mental health counseling without parental/legal guardian consent/knowledge.


- Up to 12 visits or 4 months (whichever comes first)
- After, services may be terminated, unless, with the consent of the minor, parent/legal guardian consent is obtained
- Minors need a parent/legal guardian's permission for medication of mental health concerns and inpatient mental health treatment

All youth, regardless of their age can consent to treatment (inpatient and outpatient) for substance abuse.

What questions do you have about the minor consent laws in Michigan?

 Pause to field questions.

6 – LIMITATIONS TO CONFIDENTIALITY & MANDATED REPORTING

 In Michigan, behavioral health providers (i.e., social workers, psychologists, psychiatrists, etc.) are considered mandated reporters. This means they are legally required to report any suspicion of child abuse or neglect to the relevant authorities.

Additionally, behavioral health care providers must override the minor's confidentiality and report if:


- There is suspicion of abuse by an adult
- The minor is at risk to themselves or someone else
- The minor is under age 12 and has been sexually active

Confidentiality and privacy are very important to young people. It is recommended to set clear expectations about confidentiality with clients who are minors and their caregivers. This will

improve communication and decrease confusion about what can and cannot be managed confidentially. This includes being clear with youth about your obligations as a mandated reporter, any relevant laws in your state concerning limitations of confidentiality, as well as any organizational policies regarding confidentiality. Reviewing these laws/policies should be done at least annually but it is best practice to review this information with clients who are minors more often as they may have additional questions or concerns.


If you are ever unsure about when to break confidentiality and report, consult with your supervisor for guidance.

7 – A PROVIDER’S PERSPECTIVE

 This is Dr. Terrill Bravender (he/him), one of the Co-Medical Directors at the Adolescent Health Initiative, talking about the importance of discussing confidentiality with patients who are minors and how he talks to youth about breaking confidentiality when needed.


Application (3 minutes)

8 – CASE SCENARIO: GIOVANNI, 17 Y/O (HE/HIM)

 Let’s take another look at Giovanni’s scenario. Giovanni returned for his weekly session a month later. During his session, he disclosed he is currently experiencing suicidal thoughts and has a plan for acting on those thoughts.

Does the behavioral health provider have to disclose this information to Giovanni’s parents? What does breaking confidentiality look like?

 Allow a moment for people to respond either quietly to themselves or aloud.


 Since Giovanni endorsed active suicidal ideation, there is a potential risk of harm to the client. The provider would have to break confidentiality and discuss the concern with his caregivers.

There are many ways a provider can address this scenario, and this can also differ by organization due to different policies and practices. One way a provider can do this is by talking with Giovanni first and making a plan together regarding next steps. This allows Giovanni the opportunity to know what to expect and shows them that you respect and value their experience and input.

 What other ways can you work with the client in this scenario?

 Allow a moment for people to respond either quietly to themselves or aloud.

10 – THANK YOU!

 To keep this conversation going over the next month, I will share the Michigan Health Rights for Teens and Confidentiality Laws handouts with everyone so we can continue to provide support to our clients who are minors. Thank you for your participation!

 Print and post in waiting rooms, office space, front desk, etc.

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