



# Quality Assurance Bulletin

## Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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### GUIDANCE FOR MINOR CONSENT CONFIDENTIALITY

This Bulletin provides further guidance regarding minor consent confidentiality for outpatient Specialty Mental Health Services per Assembly Bill [\(AB\) 665](#) (Chapter 338, Statutes of 2023) that went into effect July 1, 2024. Please refer to Behavioral Health Information Notice 24-046 and the previously released [QA Bulletin 24-05: Updated Consent for Services](#) for more information on the requirements for minors consenting for their own mental health services.

There are two types of Medi-Cal for minors' consenting to their own treatment: full scope Medi-Cal or limited scope Medi-Cal for Minor Consent Services. Minors on full scope Medi-Cal who consent for their own outpatient mental health services do not need to apply for limited scope Medi-Cal for Minor Consent Services. For an eligible minor who does not have Medi-Cal, the minor must apply for limited scope Medi-Cal for Minor Consent Services. Under limited scope Medi-Cal for Minor Consent Services, the minor will be assigned a separate Medi-Cal case from their parent/guardian. As a reminder, services for client's with limited scope Medi-Cal for Minor Consent Services are not to be claimed to Medi-Cal (e.g., for contractors, claims shall be submitted using the HX modifier). Whether the minor has full scope Medi-Cal or limited scope Medi-Cal for Minor Consent Services, there is an obligation for mental health providers to follow confidentiality requirements.

When providing mental health services to a minor, the provider shall involve the parent/guardian in outpatient treatment or counseling unless, following consultation with the minor, the provider determines that involvement of the parent/guardian would be inappropriate (Family Code section 6924). The professional person must document their determination regarding the appropriateness of involvement of the parent or guardian in the clinical record, stating either:

- (1) whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful; **or**
- (2) the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

If the minor and professional person determine the parent/guardian are not to be involved in treatment, information about the minor's mental health services shall not be shared with the parent/guardian no matter the type of Medi-Cal the minor has.

In the situation in which it is determined the parent/guardian is not to be involved in treatment, providers must ensure confidentiality requirements are adhered to for all communication, including Notices of Adverse Benefit Determination (NOABD), Explanation of Benefits (EOB), and any other documents related to the minor's services. For Directly Operated providers, if the parent/guardian is determined not to be involved in services, all documents (such as appointment reminders or letters regarding treatment) shall be handed directly to the minor to protect confidentiality. No documents shall be mailed to the minor's home. For contracted providers, it is up to the provider to ensure processes are in place to maintain the confidentiality of the minor.

The Quality Assurance Unit has worked with the Chief Information Office Bureau (CIOB) and the Central Business Office (CBO) to modify centralized processes like Service Verification and Medi-Cal Member Handbook notifications to ensure notices are not inappropriately communicated when confidentiality is required under Minor Consent. For contracted providers, if the parent/guardian is determined not to be involved in treatment, a **secure** email shall be sent to [QAPolicy@dmh.lacounty.gov](mailto:QAPolicy@dmh.lacounty.gov) to prevent LACDMH from

inappropriately sending out communications that would jeopardize the client's confidentiality. For new clients, the email should be sent within three (3) business days of obtaining consent from the minor. For existing minor consent clients, the email should be sent within two weeks of the date of this Bulletin.

For all minor consent clients, the secure email shall contain the following:

- Client's name
- Client's date of birth
- Client's IBHIS identification number

If directly operated or contracted providers have questions related to this Bulletin, please email [QAPolicy@dmh.lacounty.gov](mailto:QAPolicy@dmh.lacounty.gov).

cc: DMH Executive Management  
DMH Administration Managers  
DMH QA Liaisons  
Legal Entity Executive Management

DMH Clinical Operations Managers  
DMH Quality Management Division  
DMH CIOB Managers  
Legal Entity QA contacts