



New Alabama Law Raises Age of Medical Consent from 14 to 16

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Alabama's age of medical consent is rising from 14 to 16 beginning October 1, following the passage of amendments and additions to existing age of consent state laws in the 2025 legislative session. For medical practices, the change will require parent or guardian involvement during two additional years of childhood, unless an exception applies—and providers should be aware that, even once a child reaches age 16, parents and guardians will maintain certain rights to access their child's records.

The Age of Consent Law and It's (Several) Exceptions

While the general rule will require that minors under 16 have a parent or guardian's permission to obtain health care services, the law provides several exceptions to the minimum age requirement. Minors can make their own medical decisions, regardless of age, if they:

- Have graduated from high school;
- Are emancipated;
- Are married or divorced;
- Are pregnant, may be pregnant or want to prevent pregnancy;
- Require diagnosis of or treatment for a sexually transmitted infection, drug dependency or alcohol toxicity;
- Require diagnosis of any reportable disease;
- Have children; or
- Do not depend on a legal guardian and live apart from a parent (or other individual acting in place of a parent).

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Providers can act without parental consent if they suspect abuse, neglect, exploitation or an imminent threat to the minor.

Certain current provisions of the law will stay in place, including a section allowing providers to treat minors without parental consent if getting consent would delay treatment or put the minor's life, health or mental health at increased risk. The law will also continue to permit parents or legal guardians, with the input of a mental health professional, to authorize mental health treatment for minors up to age 19, the age of legal adulthood in Alabama, if care is necessary and appropriate. In those cases, the minor's consent is not needed to provide care.

Notably, while some of these exceptions exist today, others are new, including the permission granted to providers to act if they suspect abuse, neglect, exploitation or an imminent threat. The new law also specifically allows providers to provide pregnancy prevention services without parental involvement; until now, the law has only addressed diagnosis and treatment of pregnancy.

Finally, providers will maintain protection from liability when treating a minor (without the necessary consent) in good faith under the false representation that the minor could legally consent to treatment by him or herself.

Parents and Guardians Gain Greater Access to Medical Records

Though the law will allow some minors to make their own health care decisions—whether under an exception to parental or guardian consent or once aged 16—their parents or guardians will nonetheless, in most cases, have the right to access their child's medical records. New provisions of the law grant parents and guardians the ability to access a minor's information upon request to the provider controlling the information, unless the provider suspects abuse or neglect of the child or the release of information is prohibited by a court order, a law enforcement officer investigating the parent or guardian related to a crime against the minor, or federal law regarding the confidentiality of substance use disorder (SUD) treatment records. This access right runs until the minor reaches the age of 19, regardless of who consents to the treatment.

Absent these limited circumstances, providers will be in violation of the new law if they deny access to a minor's medical records to his or her parent or guardian. Providers should not delay access by parents or guardians to a minor's medical records by requiring the written consent of a minor.

Key Takeaways for Medical Practices

Providers should make note of the new consent age requirement prior to treatment. As a result of the new requirements, a 15-year-old patient, for example, who previously consented to his or her own medical treatment will need a parent or guardian's involvement come October 1, unless an exception applies.

Practices should also revisit their policies around intake paperwork for minors. Generally, the person who consents to treatment—whether a minor or a parent/guardian on his or her behalf—should complete treatment consent forms and patient authorizations related to medical records. However, practice policies should also reflect the access rights parents and guardians maintain to a minor's health information until the minor reaches the age of 19, even when the minor can legally act alone, subject to limited exceptions.

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