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Age of Consent for Mental Health Treatment in Vermont: Proposal of Change

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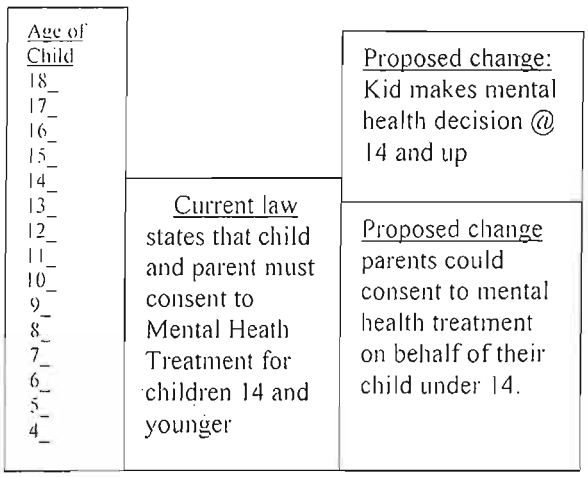
The age of consent laws for mental health treatment in Vermont should be changed so that adolescents over the age of 14 can consent to mental health treatment without parental consent. Furthermore, these laws should also be amended so that parents or guardians may consent to treatment on behalf of their child under the age of 12 [See Table 1].

The current Vermont Law dictates that in order for a child to receive voluntary mental health treatment, a child up to the age of 14 must consent to treatment as well as having a parent or guardian make a written application [See Table 1] (Vermont Statute Title 18: Chapter 179: § 7503). The changes to this law are proposed based on the tenets of multiple positions in the areas of developmental age and decision making ability; morals and ethics; and legal precedent.



(Table 1.)

Developmental Age:

The existing law is incongruent with current academic literature on developmental age and decision making ability. There are numerous academic studies that have sought to find the age at which children can make decisions regarding their own medical care, mental health treatment, and other decisions that have a large impact on their health (Schachter, Kleinman, Harvey, 2005). While quoting, Grisso and Appelbaum's (1998) work, Schachter et al. define the

components of consent by stating that, "(t)he elements of a valid informed consent include that the individual has the capacity to consent, has received adequate disclosure of relevant treatment information, and has given consent voluntarily and freely" (Schachter et al, 2005, p. 534). These elements are the crux of the argument regarding at what age a child has the capacity to consent as this is possible when children have the ability to understand treatment information, and, at which time consent is given, a child must be doing so freely and on his or her own accord. Depending on the study, there are a range of ages which have been noted as being an age where children can make this decision. Schachter et al. (2005) while taking into account 57 different sources came to the conclusion that, "(t)here is a consensus in the literature that adolescents aged 14 and over have the capacity to understand information relevant to medical decision making" (p. 538).

As this research shows, one large problem with the current Vermont law regarding age of consent and mental health treatment is that it requires children of any age to consent to treatment. In 2006, there were 32 cases where children between the ages of 5 and 7 were hospitalized at the Brattleboro Retreat or out of state (Vermont Universal Hospital Discharge Data Set, 2008). All of these 32 cases of children with severe mental health challenges were asked to consent to treatment and, of these, 5 were involuntarily hospitalized. University of Vermont Social Work professor, Dr. George Leibowitz whose academic focus is "childhood and adolescent trauma and co-occurring mental health conditions" (UVM MSW website, [online], 2008), stated that, "a 5 year old cannot make decisions regarding care no matter how developmentally advanced" (Personal Communication, Oct. 8th, 2008).

Furthermore, Kaltiala-Heino (2004) notes that, "...minors need a more paternalistic approach due to the fact that their age and developmental level do not enable them to understand

information and rationally consider the ramifications of their choices" (p. 54). As the current law stands, it does not take into consideration the developmental age of children.

Ethics and Trauma

Along with the current Vermont Law being incompatible with the age which the research shows that adolescents are typically capable of making health related decisions, the current law's implementation has also been seen to create an ethically questionable, trauma inducing situation for adolescents in need of mental health care. Currently in Vermont, if a child refuses to consent to treatment, that child, if deemed in need of mental health treatment, will be involuntarily hospitalized.

In Vermont, since the Brattleboro retreat is the only place that treats children involuntarily, a child who needs treatment must be transported via ambulance or Sheriff's car, in certain cases in shackles, from wherever they are in the state, to Brattleboro, Vermont (M. Hartman, personal communication, November 4th, 2008).). Between July 2003 and July 2008 there were 84 involuntary hospitalizations for children between the ages of 5 and 11 all of which were transported in one of the aforementioned ways(Vermont Dept. of Mental Health Statistics). As a case example, from Rutland, VT to Brattleboro, VT is 74 miles and takes 1hour and 42 minutes to get there (Google Maps, [online]). Between December 2006 and November 2007, there were four times that children made the trip from Rutland to Brattleboro in an ambulance or a Sheriff's car (Vermont Dept. of Mental Health Statistics). This all adds up to a situation where, since parents are not allowed to consent for their children, with the current law, that children who do not consent to treatment and who are in need of treatment, are transported to Brattleboro VT via ambulance or Sheriff's car.

Moreover, by not allowing parents to consent on behalf of their child under the age of 14, this means that a 5 year old has to consent to her or his mental health treatment. And, if the child

doesn't voluntarily agree to treatment then involuntary hospitalization will occur which involves the aforementioned types of transportation. When given this scenario, Dr. Sherry Burnette, Trauma Coordinator for the Vermont Agency of Human Services, stated that, "[it is] much more trauma-informed to simply let parents make decision without child's consent, involvement etc...there may be reasons why it is like it is – but from a trauma-informed perspective – I sure can't think of any" (Personal Communication, October 20th, 2008).

Legal:

The current law is discordant with developmental age research, is not trauma informed, and is also not congruent with case law in the United States. In the decision of the supreme court, Parham v. J.R., 442 U.S. 584 (1979), the court found the following:

> Notwithstanding a child's liberty interest in not being confined unnecessarily for medical treatment, and assuming that a person has a protectible interest in not being erroneously labeled as mentally ill, parents -- who have traditional interests in and responsibility for the upbringing of their child -- retain a substantial, if not the dominant, role in the decision, absent a finding of neglect or abuse. (Cornell Law Website, Online)

This decision denotes the way in which parents are looked at in United States case law as having a vested interest in the mental health of their child. In Vermont, however, the current law states that children must consent for their treatment and the power of parents to get the help that their children need is not there to the extent to which this United States Supreme Court decision thinks that it ought to be.

The Plan:

The aforementioned problems with the current law, regarding the consent of children for Mental Health treatment at any age, could be ameliorated by changing this law. If the law were amended so that parents could consent on behalf of their children under the age of 14 and so that children could consent for themselves over the age of 14 it would take into consideration developmental age, a trauma informed system, and legal precedent. Moreover, in place of the

child's consent would be that two psychiatrists would evaluate the child to make sure the child would need treatment. To further protect the rights of the child, a court review will occur if inpatient hospitalization lasts longer than 21 days.

The current law does not take into consideration the inability of children to make decisions that have a large impact on their health. However, with the change to the law that would allow parents to consent to treatment on behalf of their children under the age of 14, it would be more closely aligned to current developmental age research.

Moreover, the proposed law would also address how the current system of care operates in a trauma inducing fashion because of the current law. By changing the law so that parents of children under the age of 14 could consent to their mental health treatment the system of care would become much more Trauma informed.

The involuntary transportation of children has been moving towards a place of being more and more trauma informed and the change in the law would help this system become even more so. The trauma-inducing nature of the previously mentioned modes of involuntary transportation in Vermont has recently been a topic of discussion. The transportation of children who are involuntary mental health patients has recently been debated in the Vermont Legislature which culminated in the passing of Act 180 in 2006. Act 180, which aimed to change the way that involuntary children were transported, became law. This act aims to have involuntary children patients transported in a manner that ", prevents physical and psychological trauma; respects the privacy of the individual; and represents the least restrictive means necessary for the safety of the child" (VDCF Act 180 report to general assembly, 2008, p. 2).

In a December 6th, 2007 memorandum to the designated Agencies in Vermont, The commissioner of Mental Health, Michael Hartman stated that all "63% of all children proposed as involuntary patients by means other than secure transport—i.e. in shackles with law enforcement"

(Report to the Legislature on Act 180, 2008, p.10) As seen by Act 180, and the efforts of the Vermont Designated Mental Health agencies, the transportation of involuntary children has become more and more trauma informed as it has moved away from shackles and sheriffs. However, this could be even more so with an age of consent law that where parents could consent for their child. Follow, if parents of the children who would not consent to their own mental health treatment consented for them then there would no longer be a need for the involuntary transportation or the involuntary hospitalization. In these cases it may be that parents could drive their kid to the Brattleboro Retreat or, the case could even be, that kids could receive treatment closer to home as their need to go to Brattleboro for involuntary care would be extinguished by them being voluntary patients. If parents of children under 14 can make the decision then they could make the transport, the secure transports that are trauma inducing could be pretty much eliminated. The changes to the law as proposed would make Vermont's system of care for children more trauma informed.

Finally, the plan of implementation would bring the Vermont law closer in line with the United States Supreme Court decision of Parham v. J.R., 442 U.S. 584 (1979) which stated that parents have a principle right to consent to the mental health treatment of their children (Cornell Law Website, Online).

Feasibility of the proposed policy change:

This policy is a very feasible change in Vermont because of the probable wide reaching support that it could receive. Likely proponents of the changes to this law include: advocacy groups and Mental Health policy associations; key policy makers; practitioners; parents of children who are mentally ill; and other interested parties.

Two of these key proponents are Vermont Association of Hospitals and Health Systems (VAHHS) and the Brattleboro Retreat. According to the VAHHS's Vision statement (2008), "Parents must be able to sign their children under age 14 into a psychiatric hospital or

unit...(p)arents should not need to obtain court action" (VAHHS website [online], p. 4). Moreover, the Brattleboro Retreat is also looking at this change and would be a key proponent because their staff and parents of their patients would have the ability to share personal stories with the legislature during session.

Further support would likely come from policy makers who helped develop a more trauma informed system and specifically, those who supported Act 180.

Consequences of the proposal and rebuttal

Furthermore, the feasibility of the proposal is tethered to the positive difference that it will have in the lives of children who are mentally ill in Vermont. This change will provide a system where children under the age of 14 will no longer be asked to consent to their own mental health treatment as they are not developmentally able to understand their choice. Also, this change in policy will make the Vermont Mental Health system of care more trauma informed as it will potentially minimize the number of involuntary hospitalizations of children and the systematic trauma inducing practices that accompany involuntary hospitalization. And, in addition to these positive developments, the change would put Vermont's children's mental health consent law in concordance with specific Supreme Court case law.

Although there are many who should support such a change in this law, others may be against it. Vermont Legal Aid and the Children's defense fund is one possible opponent along with other groups who feel that children should be able to consent at any age. The arguments of these groups are focused on several tenants, for instance, Molnar's 1997 article used the United Nations Convention on the Rights of the Child (CRC) as a framework to denote multiple reasons as why children should be able to consent to treatment at any age (Molnar, 1997). Among these issues are that parents would want to institutionalize their child when they became unruly and may be doing so without regard to a true serious and persistent mental illness (p. 101). The

author points to parents wanting to have their children labeled with a mental illness so that their unruly behavior would be a component of a disease rather than bad parenting (p.101). The author also states that psychiatric institutions may be profit driven and that they may want to promote services to parents whose child may not be a candidate for hospitalization (p.100). The author also points to institutional abuses (food deprivation therapy, physical abuse, erroneous institution, and sleep deprivation) that may occur if children do not have their voices heard or a way out (pp.108-111).

The previously mentioned author and others who may make similar claims are certainly raising some important issues about how the lack of child consent has played out in the past. However, there are safeguards to prevent these abuses in the proposed policy change, for instance, in place of the child's consent would be that two psychiatrists would evaluate the child to make sure the child would need treatment. This means that parents could not simply drop their children off at the hospital and sign them in if they didn't want to deal with them. Also, if parents did try to do this with the new policy, it could be an entry point, where if their kid wasn't deemed fit for hospitalization, they could be referred to appropriate services if they were having a difficult time raising their kid. Molnar also points out institutional abuses that she states occur without children's consent, however, to further protect the rights of the child, a court review will occur if inpatient hospitalization lasts longer than 21 days with the proposed policy. This overview accompanied by consistent reviews that are done by the Vermont Department of Mental Health will ensure that hospitals and mental health treatment facilities will comply with all rules, laws, ethics, and standards.

Rebuttal:

In conclusion, the case has been made for Vermont to change the law regarding the age of consent for adolescents on the terms of developmental age and decision making ability, becoming more trauma informed, and legal precedent--all of which have been supported in many ways that make for a strong argument.

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Introduction: The following is an overview of state policies that most closely mirror the proposed policy change in Vermont to allow parents to consent on behalf of children who are under 14 years of age. Moreover, many states have particular caveats where children, under certain circumstances, may consent on their own behalf for mental health treatment. This document also outlines these aforementioned conditions that could have the potential to be adopted by the proposed Vermont statute.

States who have similar language to that of the proposed VT policy change:

Pennsylvania

Language of the law: § 7201. Persons who may authorize voluntary treatment

Any person 14 years of age or over who believes that he is in need of treatment and substantially understands the nature of voluntary treatment may submit himself to examination and treatment under this act, provided that the decision to do so is made voluntarily. A parent, guardian, or person standing in loco parentis to a child less than 14 years of age may subject such child to examination and treatment under this act, and in so doing shall be deemed to be acting for the child. Except as otherwise authorized in this act, all of the provisions of this act governing examination and treatment shall apply.[1]

California:

Even though the age of consent is 12, California is one state whose laws around the age of consent seem to be a bit more cut and dry in that they don't articulate a score of situations that counteract the age which one can consent to mental health treatment.

Language of the law:

A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if both of the following requirements are satisfied:

The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.
The minor (a) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (b) is the alleged victim of incest or child abuse."
Cal. Family Code § 6924(b).

This statute does not authorize a minor to consent to convulsive therapy, psychosurgery, or psychotropic drugs. Cal. Family Code § 6924(f). [i]

What does 'age of consent' mean?

[1] Note: Pennsylvania also has special provisions that state that parents may consent on behalf of children over the age of 14 given certain circumstances.

This issue that often presents itself when talking about age of consent is that there can be a definitional age of when a person may consent on their own behalf to treatment, however, this may also overlap with parental consent or may be mitigated to a certain degree under certain conditions. Therefore, the debate is weather the 'age of consent' is considered the age at which people may make decisions on their mental health treatment in totality in that they are the only voice in the debate. Or, on the other hand, when a state gives a certain amount of power to people under 18 to weigh in on certain situations regarding mental health treatment.

Caveat:	**Detailed information:**
Time limit of treatment/ limits on types of treatment	**Children may receive services without parental knowledge for a period of time:** [e.g. Ohio (14)]Services provided to a minor pursuant to this section shall be limited to not more than six sessions or thirty days of services whichever occurs sooner. After the sixth session or thirty days of services the mental health professional shall terminate the services or, with the consent of the minor, notify the parent, or guardian, to obtain consent to provide further outpatient services.
	After 6 sessions consent of parent may be required: [e.g. Connecticut (14)] After six sessions, the provider must determine whether it would be seriously detrimental to discontinue treatment; if the provider can't make that determination, the minor must be notified that that consent or notification of the parent is required.
	There is a limit of 5 sessions without parental knowledge: [Illinois (12)] At the age of 12 a minor can request and receive outpatient therapy without parental consent. If the minor is between 12 and under 17 these outpatient therapy sessions are limited to 5 sessions of no more than 45 minutes per session.
	Can't consent to medication: [e.g. Ohio (14)] People 14 and over can consent to most outpatient treatments excluding the use of medication.
	Can't consent to electroconvulsive therapy or psychosurgery: [e.g. California (12)]
Judgment of physician	**Mature minor doctrine:** [e.g. Massachusetts (16)] there is a mature minor doctrine, which permits providers to accept a minor's consent if the provider determines that the minor is in fact competent to consent and that notifying the parents would create a risk of harm to the minor.
	Child presents as being capable: [e.g. Minnesota (18)]The consent of a minor who claims to be able to give effective consent for the purpose of receiving medical, dental, mental or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.[ii]
Life circumstances of child	**Emancipated youth:** [e.g. Georgia(18)] There is an emancipated minors law in GA and these youth can consent for treatment. The code reference is O.C.G.A. 37-3-20
	Pregnancy: [e.g. Minnesota (18)] The minor may give consent to mental health treatment if she is pregnant.
	Marriage: Any minor who has been married or has borne a child may

	give effective consent to mental, health services
	High School graduates: [e.g. Montana(16)] A minor may consent to mental health treatment if they have graduated from high school.
	Independent from caregivers: [e.g. Montana (16)] A minor may consent to mental health treatment if they are separated from their parents and are providing self support
Emergency situations	**Outpatient emergency evaluation:** [Florida (18)]: Outpatient diagnostic and evaluation during an emotional crisis and outpatient crisis intervention therapy and counseling (this doesn't include medication or other somatic treatments)
	Risk of life determined by provider: [e.g. Minnesota (18)] Mental health services may be rendered to minors when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment
Overlap with parents	**Parents say can overrule that of a child's:** [e.g. Colorado (15)] The age of consent for juvenile inpatients in Colorado is 15 years old. There is overlap with parental consent until 18 and generally treatment providers defer to the parental decision.
	Children can initiate but can't follow through w/o parent consent: [e.g. Idaho (14)]Any individual fourteen (14) to eighteen (18) years of age who may apply to be admitted for observation, diagnosis, evaluation, care or treatment and the facility director will notify the parent, parents or guardian of the individual of the admission; a parent or guardian may apply for the individual's release and the facility director will release the patient within three (3) days
Legal oversight	**Court says that child's decision was informed and voluntary:** [e.g. New Jersey (14)] Any minor 14 years of age or over may request admission to a psychiatric facility, special psychiatric hospital or children's crisis intervention service provided the court on a finding that the minor's request is informed and voluntary, enters an order approving the admission.
Parental knowledge	

[i] Teen Health Rights (Website)
http://www.teenhealthrights.org/minorconsent/minor_consent_confidentiality_and_child_abuse_reporting_in_california/part_1_minor_consent/

[ii] NgoziChukwu MP Akubuike, Legal Manager, State Operated Services Support, MN Department of Human Services
444 Lafayette Road N, St Paul MN 55155, P O Box 64979, St Paul MN 55164-0979(personal communication)

		are of consenting age. There is overlap between the juvenile and parental decision making and they generally defer to parental decisions.[12]

14 years old: 10 states were found to have an age of consent for mental health treatment set at 14 years old.

State	Age	Other information.
ID	14	The director of any facility may admit as a voluntary patient the following persons for observation, diagnosis, evaluation, care or treatment of mental illness: **1.** Any person who is eighteen (18) years of age or older; **2.** Any individual fourteen (14) to eighteen (18) years of age who may apply to be admitted for observation, diagnosis, evaluation, care or treatment and the facility director will notify the parent, parents or guardian of the individual of the admission; a parent or guardian may apply for the individual's release and the facility director will release the patient within three (3) days **3.** Any emancipated minor;(d) Any individual under fourteen (14) years of age upon application of the individual's parent or guardian, provided that admission to an inpatient facility shall require a recommendation for admission by a designated examiner;[13]
KS	14	Age of consent for mental health care (inpatient or outpatient) is 14. Parent's authority overlaps until age 18, meaning either can consent.[14]
MI	14	Michigan Mental Health Code says at age 14 years can receive treatment for 12 or 16 sessions without parental consent.[15]
NJ	14	Though the age of consent for a minor is 14, it must be approved as knowing and voluntary by a court order. Some procedures, a minor cannot consent to, such as, a minor could not consent to ECT without special process. New Jersey's court rule N.J. Ct. R. 4:74-7A (c) provides the following regarding consent of a minor: **Voluntary Admission**: Any minor 14 years of age or over may request admission to a psychiatric facility, special psychiatric hospital or children's crisis intervention service provided the court on a finding that the minor's request is informed and voluntary, enters an order approving the admission. If an order approving a voluntary admission of a minor is entered, the minor may discharge himself or herself from the facility in the same manner as an adult who has voluntarily admitted himself or herself. Essentially, though the age of consent for a minor is 14, it must be approved as knowing and voluntary by a court order. **Involuntary Admission:** There is no specific statute in New Jersey that governs involuntary treatment of minors. The process is described in case law and court rule. The general scheme of the court rule though is to make clear that all of the procedures that are applicable to adult commitment apply to minor commitment as well unless otherwise stated. There is an **overlap with the age of consent and the parent's ability to consent**. The court rule, N.J. Ct. R. 4:74-7A(d)(1) states: This rule shall not be construed to require any court procedure or approval for the admission of a minor by the minor's parent, parents, or other person in loco parentis to a psychiatric facility, special psychiatric hospital, or children's crisis intervention service for the evaluation or diagnosis of a childhood mental illness provided the admission is independently approved by a physician on the staff of the facility and does not exceed 7 days. If further hospitalization is then required, the application shall proceed in accordance with R. 4:74-7(e) [formal civil commitment hearing]. If an application for commitment is made during such admission, the final hearing shall be held within 14 days of the initial inpatient admission to the facility, adjournable only in accordance with paragraph (b)(2) of this rule. [16]
OH	14	5122.04 Outpatient services for minors without knowledge or consent of parent or guardian. (A) Upon the request of a minor fourteen years of age or older, a mental health professional may provide outpatient mental health services, excluding the use of medication, without the consent or knowledge of the minor's parent or guardian. Except as otherwise provided in this section, the

		minor's parent or guardian shall not be informed of the services without the minor's consent unless the mental health professional treating the minor determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to other persons, and if the minor is notified of the mental health professional's intent to inform the minor's parent, or guardian. (B) Services provided to a minor pursuant to this section shall be limited to not more than six sessions or thirty days of services whichever occurs sooner. After the sixth session or thirty days of services the mental health professional shall terminate the services or, with the consent of the minor, notify the parent, or guardian, to obtain consent to provide further outpatient services. (C) The minor's parent or guardian shall not be liable for the costs of services which are received by a minor under division (A). (D) Nothing in this section relieves a mental health professional from the obligations of section 2151.421 of the Revised Code. (E) As used in this section, "mental health professional" has the same meaning as in section 340.02 of the Revised Code. Effective Date: 07-01-1989[17]
OR	14	A minor 14 years of age or older may obtain, without parental knowledge or consent, outpatient diagnosis or treatment of a mental or emotional disorder or a chemical dependency, excluding methadone maintenance. However, the person providing treatment shall have the parents of the minor involved before the end of treatment unless the parents refuse or unless there are clear clinical indications to the contrary.
PA	14	In Pennsylvania, the age of consent is 14.[18]
AL	14	**1.** Any minor who is 14 years of age or older, or has graduated from high school, or is married, or having been married is divorced, or is pregnant, may give effective consent to any legally authorized medical, dental, health, or mental health services for himself or herself (Code of Alabama, Section 22-8-4). **2.** Any legally authorized medical, dental, health, or mental health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the physician's judgment, an attempt to secure consent would result in delay of treatment which would increase the risk to the minor's life, health, or mental health (Code of Alabama, Section 22-8-3).[19]
CN	14	Under state law, a child fourteen or older may be admitted voluntarily into a hospital for children needing treatment for a mental disorder. Conn. Gen, Stat. Sec. 17a-79. Parents may also consent provided the child is under 16. However parental notification is required. Unless the head of the hospital determines that the child's condition is of an extremely critical nature requiring emergency measures, parental consent for treatment is necessary. Conn. Gen. Stat. Sec. 17a-81. Minors may also obtain out-patient treatment without consent of their parent, but only if the clinician determines: **1.** requiring consent or notification would cause the minor to reject such treatment, **2.** the treatment is clinically indicated; **3.** the failure to provide treatment would be seriously detrimental to the minor's well-being; **4.** the minor has knowingly and voluntarily sought treatment *and* **5.** in the opinion of the provider of the treatment, the minor is mature enough to participate in treatment productively. However, after six sessions, the provider must determine whether it would be seriously detrimental to discontinue treatment; if the provider can't make that determination, the minor must be notified that that consent or notification of the parent is required. "No provider shall notify a parent...of treatment...or disclose any information concerning such treatment to a parent ...without the consent of the minor," When a parent is not informed of treatment, the parent is not liable for costs of treatment.

		is needed. SA treatment has federal protections attached. A child or youth can present for commitment to a state hospital w/o parental consent, however, the hospital must contact the parent/guardian w/in 24 hours of admission.[25]
VT	n/a	Children of any age are asked to consent to mental health treatment along with the consent of their parents.

[1] Michael Sorrell, Juvenile Incompetent to Proceed Coordinator Department of Children and Families and the Agency for Persons with Disabilities, 1317 Winewood Blvd., Bld 6, Room 293, Tallahassee, Florida 32399-0700(personal communication)

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[3] NgoziChukwu MP Akubuike, Legal Manager, State Operated Services Support, MN Department of Human Services 444 Lafayette Road N, St Paul MN 55155, P O Box 64979, St Paul MN 55164-0979(personal communication)

[4] The University of Vermont Legislative Research Shop. Report on psychiatric commitment of minors. http://www.uvm.edu/~vlrs/Health/psychiatriccommitminors.pdf

[5] Paul Harris, J.D. Attorney, Dept. of Health and Family Services, 1 West Wilson St. Madison, Wisconsin 53707 (personal communication)

[6] Hawaii statute §334-60.1 Voluntary admission for nonemergency treatment or supervision.

[7] Lester Blumberg, General Counsel, Department of Mental Health, 25 Staniford St. Boston, MA 02114(personal communication)

[8] Montana code annotated 2007. Title 41. http://data.opi.state.mt.us/bills/mca_toc/41_1_4.htm and http://data.opi.state.mt.us/bills/mca/53/21/53-21-112.htm

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[10] State Information on Legal Age of Consent Summarized from CYF Listserv Discussion July 2000 http://www.cyfdivision.com/documents/Legal_Age_of_Consent_Summary.doc

[11] Christopher C. Lopez , Assistant General Counsel , DSHS, Office of General Counsel (personal communication)

[12] Frederick "Rick" N. Mattoon, Assistant Attorney General, Office of the Attorney General Colorado Mental Health Institute at Pueblo, 1600 West 24th Street Pueblo, CO 81003 (personal communication)

[13] I.C. 66-318. AUTHORITY TO ADMIT VOLUNTARY PATIENTS -- DENIAL OF ADMISSION.

[14] John House, Senior Staff Counsel, Office of the General Counsel, Department of Social & Rehabilitation Services, 915 SW Harrison St. #650-S, Topeka, Kansas 66612 (personal communication)

[15] State Information on Legal Age of Consent Summarized from CYF Listserv Discussion July 2000 http://www.cyfdivision.com/documents/Legal_Age_of_Consent_Summary.doc

[16] Lisa Ciaston, Esq., Legal Liaison, Division of Mental Health Services, New Jersey (personal communication)

[17] Ohio Revised Code (ORC) Section 5122.04 http://codes.ohio.gov/orc/5122.04

[18] State Information on Legal Age of Consent Summarized from CYF Listserv Discussion July 2000 http://www.cyfdivision.com/documents/Legal_Age_of_Consent_Summary.doc

[19] Release of Information for Minors and HIPPA in Alabama. http://www.redstone.amedd.army.mil/docs/hipaa/minors.pdf

[20] Susan Pearlman, Assistant Attorney General, Office of the Attorney General, 110 Sherman Street, Hartford, CT 06105 (personal communication)

[21] Sarah (Sally) J. Coats, Senior Counsel, Social and Health Services Division, Section Chief, Mental Health Section 7141 Cleanwater Dr SW, P.O. 40124, Olympia, WA 98504-0124 (personal communication)

[22] Teen Health Rights (Website) http://www.teenhealthrights.org/minorconsent/minor_consent_confidentiality_and_child_abuse_reporting_in_california/part_1_minor_consent/

[23] Patrick W. Knepler, Division of Mental Health, Department of Human Services, 319 E. Madison, Ste 3B, Springfield, IL 62701 (personal communication)

[24] State Information on Legal Age of Consent Summarized from CYF Listserv Discussion July 2000 http://www.cyfdivision.com/documents/Legal_Age_of_Consent_Summary.doc

[25] State Information on Legal Age of Consent Summarized from CYF Listserv Discussion July 2000 http://www.cyfdivision.com/documents/Legal_Age_of_Consent_Summary.doc