

Alabama SB 101: What Private Practice and Group Practice Owners Need to Know (Effective October 1, 2025)



1. Update Consent Policies and Forms

- Revise all intake paperwork and consent forms so that minors under 16 require written parent/guardian permission before starting ongoing counseling.
- Include clear language outlining exceptions (emergency, abuse, emancipation, etc.).
- Make sure your electronic health record (EHR) or practice management system flags minor clients under 16 for consent verification.

2. Train Staff and Clinicians

- Conduct mandatory training for all clinicians, intake staff, and schedulers on the new age-of-consent rule.
- Role-play common scenarios (e.g., a 15-year-old self-referring for anxiety) so staff know how to respond compliantly.
- Provide quick-reference guides/checklists to keep at desks and counseling rooms.

3. Strengthen Documentation Procedures

- Standardize how consent is recorded: who signed, when it was received, and any exceptions used.
- Add an audit step in the intake process to verify consent paperwork is complete before scheduling ongoing sessions.
- Document clinical reasoning in cases where exceptions apply (e.g., imminent harm, abuse).

4. Communicate with Parents, Schools, and Referral Sources

- Proactively notify referral partners (pediatricians, schools, community agencies) of the law change and your new process.
- Educate parents and guardians that counseling access for minors under 16 now requires their signed permission (unless exceptions apply).
- Update your website FAQs and social media posts so families clearly understand the requirement before scheduling.

5. Review Legal & Risk Management Practices

- Consult with your malpractice insurance provider or legal counsel to confirm your revised consent process aligns with SB 101.
- Update your policy and procedure manual to reflect the new standard.
- Include SB 101 compliance in staff evaluations and quality assurance audits to reduce liability exposure.