

Alabama SB 101: What Counselors Need to Know (Effective October 1, 2025)

What Changed?

The age when a minor can say “yes” to their own medical or mental health treatment is now **16** (it used to be 14). This means most kids under 16 need a parent or guardian to give written permission before they can get ongoing counseling.

Who Does This Affect?

School Counselors: You **must** get written “opt-in” permission from a parent or guardian before giving ongoing counseling to students under 16.

Agency & Private Practice Counselors: You **must** get parent or guardian permission before seeing clients under 16.

Who Does This NOT Affect?

Counselors working only with adults.

Counselors seeing minors who are 16 or older.

Counselors giving treatment for drug/alcohol problems or sexually transmitted infections (the rules for these did not change).

Counselors leading general group lessons (like assemblies or classroom talks).

Important Exceptions!

You can give counseling to a minor under 16 **without parent permission** if:

The student is in danger of hurting themselves or others (**imminent threat**).

You suspect **abuse, neglect, or exploitation**.

The student needs immediate **grief counseling**.

The minor is **emancipated, married, pregnant, has graduated high school, or lives on their own** and is not financially dependent.

What Do You Need To Do?

Get Written Consent: Always get written permission from a parent or guardian before starting ongoing counseling with anyone under 16 (unless an exception applies).

Know the Exceptions: Remember when you can help without parent permission.

Document Everything: Record who gave consent and why.

Keep Parents Informed: For school counselors, keep parents informed about their child’s counseling if they have opted in.

Why Does This Matter?

Following these rules protects you, your license, and your clients. Not following the law can lead to board complaints or losing your ability to practice.

For my private practice and group practice owners here is a quick list of things you might need to consider doing:



1. Update consent policies and forms
2. Train staff and clinicians
3. Strengthen documentation procedures
4. Communicate with parents, schools, and referral sources
5. Review legal and risk management practices

Special thanks to Josh Andrews at Gatehouse Law in Birmingham, AL

<https://gatehouse.law/people/josh-andrews/>