



Arizona State Law

The relevant Arizona statutes that may impact human research activities have been compiled, along with a brief summary and relevant case law. To review the full statute, please go to: www.azleg.gov/arizonarevisedstatutes.asp.

For interpretation on state law please contact the Office of General Counsel. The HSPP does not make determinations on the applicability of state statute.

The applicable statutes have been divided into the following general categories:

- 1. Definitions**
- 2. Records: Medical records, release, confidentiality, retention**
- 3. Genetics**
- 4. Abuse, neglect, assault**
- 5. Clinical Trials**
- 6. Mental Health/HIV/Other Confidential information**
- 7. Embryos/Fetus/Surrogate**
- 8. Minors**
- 9. Prisoners**

1. Definitions:

- a. 8-201; Definitions [child, abuse]
 - “Child”, “youth” or “juvenile” means an individual who is under the age of eighteen years.
 - “Abuse” means the infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual who has the care, custody and control of a child.
- b. 8-531; Definitions [State definition of child]
 - “Child” means a person less than eighteen years of age.
- c. 12-2291; Definitions [Medical records definition]
 - “Medical records” means all communications related to a patient's physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of patient diagnosis or treatment, including medical records that are prepared by a health care provider or by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities, including records that a health care provider prepares pursuant to § 36-441, 36-445, 36-2402 or 36-2917. Medical records do not include recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity, but include communications that are recorded in any form or medium between emergency medical personnel and medical personnel concerning the diagnosis or treatment of a person.
- d. 36-501. Definitions [mental health, informed consent definition]



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- “Informed consent” means a voluntary decision following presentation of all facts necessary to form the basis of an intelligent consent by the patient or guardian with no minimizing of known dangers of any procedures.
- “Mental disorder” means a substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from:
 - (a) Conditions that are primarily those of drug abuse, alcoholism or intellectual disability, unless, in addition to one or more of these conditions, the person has a mental disorder.
 - (b) The declining mental abilities that directly accompany impending death.
 - (c) Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.

Note that in Matter of Maricopa County Cause No. MH-90-00566, 173 Ariz. 177 (App. Div.1 1992), the validity of the statute was challenged as being violative of due process, unconstitutionally overbroad, and unconstitutionally vague. Constitutional validity was upheld.

e. 36-551. Definitions [developmental disability consent definition]

- “Consent” means voluntary informed consent. Consent is voluntary if not given as the result of coercion or undue influence. Consent is informed if the person giving the consent has been informed of and comprehends the nature, purpose, consequences, risks and benefits of the alternatives to the procedure, and has been informed and comprehends that withholding or withdrawal of consent will not prejudice the future provision of care and services to the client. In cases of unusual or hazardous treatment procedures performed pursuant to § 36-561, subsection A, experimental research, organ transplantation and nontherapeutic surgery, consent is informed if, in addition to the foregoing, the person giving the consent has been informed of and comprehends the method to be used in the proposed procedure.
- “Developmental disability” means either a strongly demonstrated potential that a child under six years of age has a developmental disability or will become a child with a developmental disability, as determined by a test performed pursuant to § 36-694 or by other appropriate tests, or a severe, chronic disability that:
 - (a) Is attributable to cognitive disability, cerebral palsy, epilepsy or autism.
 - (b) Is manifested before age eighteen.
 - (c) Is likely to continue indefinitely.
 - (d) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (i) Self-care.
 - (ii) Receptive and expressive language.
 - (iii) Learning.
 - (iv) Mobility.
 - (v) Self-direction.
 - (vi) Capacity for independent living.
 - (vii) Economic self-sufficiency.
 - (e) Reflects the need for a combination and sequence of individually planned or coordinated special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration.

f. 36-3231; Surrogate decision makers; priorities; limitations

- Lists 6 surrogate decision makers in order of priority and their limitations.



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"If an adult patient is unable to make or communicate health care treatment decisions, a health care provider shall make a reasonable effort to locate and shall follow a health care directive. A health care provider shall also make a reasonable effort to consult with a surrogate. If the patient has a health care power of attorney that meets the requirements of section 36-3221, the patient's designated agent shall act as the patient's surrogate. However, if the court appoints a guardian for the express purpose of making health care treatment decisions, that guardian shall act as the patient's surrogate. If neither of these situations applies, the health care provider shall make reasonable efforts to contact the following individual or individuals in the indicated order of priority, who are available and willing to serve as the surrogate, who then have the authority to make health care decisions for the patient and who shall follow the patient's wishes if they are known:

1. The patient's spouse, unless the patient and spouse are legally separated.
2. An adult child of the patient. If the patient has more than one adult child, the health care provider shall seek the consent of a majority of the adult children who are reasonably available for consultation.
3. A parent of the patient.
4. If the patient is unmarried, the patient's domestic partner.
5. A brother or sister of the patient.
6. A close friend of the patient."

2. Records

a. 12-2292; Confidentiality of medical records and payment records

- All medical records and payment records, and the information contained in medical records and payment records, are privileged and confidential. A health care provider may only disclose that part or all of a patient's medical records and payment records as authorized by state or federal law or written authorization signed by the patient or the patient's health care decision maker.

b. 12-2293; Release of medical records and payment records to patients and health care decision makers; definition

- Covers the general rule that "on the written request of a patient or the patient's health care decision maker for access to or copies of the patient's medical records and payment records, the health care provider in possession of the record shall provide access to or copies of the records to the patient or the patient's health care decision maker." Subpart B and C of this rule cover exceptions when a health care provider may deny request for access or copy of medical records or payment records. Subpart D states that if the health care provider does in fact deny access to or copy of, then it must make a note of it in the patient's file.

c. 12-2294; Release of medical records and payment records to third parties

- Provisions that explain when a health care provider and a clinical laboratory can release medical records and payments to third parties as well as deceased patients' records.

d. 12-2294.01. Release of medical records or payment records to third parties pursuant to subpoena

- A subpoena seeking medical records or payment records shall be served on the health care provider and any party to the proceedings at least ten days before the production date on the subpoena.
- Provision explains what requirements a subpoena must meet to seek medical records or payments of records.



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- e. 12-2297; Retention of records
- Unless otherwise required by statute or by federal law, a health care provider shall retain the original or copies of a patient's medical records as follows:
 1. If the patient is an adult, for at least six years after the last date the adult patient received medical or health care services from that provider.
 2. If the patient is a child, either for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received medical or health care services from that provider, whichever date occurs later.
 3. Source data may be maintained separately from the medical record and must be retained for six years from the date of collection of the source data.
- f. 36-509. Confidential records [mental health]
- A health care entity must keep records and information contained in records confidential and not as public records, except as provided in this section. Records and information contained in records may only be disclosed to the 22 subgroups identified in the rule.
- g. 36-2220; Records confidentiality; definitions [emergency medical services]
- Information developed, records kept and data collected by the department or a political subdivision of this state for the purpose of administering or evaluating the Arizona emergency medical services system or for the trauma system are available to the public except:
 1. Any patient record, including clinical records, prehospital care records, medical reports, laboratory statements and reports, any file, film, record or report or oral statement relating to diagnostic findings, treatment or outcome of patients, whether written or recorded, and any information from which a patient, the patient's family or the patient's health care provider or facility might be identified except records, files and information are available to the patient, the patient's guardian or the patient's agent.
 2. Information obtained and data collected for purposes of chapter 25 or chapter 4, article 5 of this title.
 - Unless otherwise provided by law, all medical records developed and kept by a prehospital component of the statewide trauma system and information contained in these records are confidential and may not be released to the public without written authorization by the patient, the patient's guardian or the patient's agent.
- h. 36-3602. Delivery of health care through telemedicine; requirements; exceptions
- Except as provided in subsection E of this section, before a health care provider delivers health care through telemedicine, the treating health care provider shall obtain verbal or written informed consent from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient's medical record.
 - The patient is entitled to all existing confidentiality protections pursuant to § 12-2292.
 - All medical reports resulting from a telemedicine consultation are part of a patient's medical record as defined in § 12-2291.
 - Dissemination of any images or information identifiable to a specific patient for research or educational purposes shall not occur without the patient's consent, unless authorized by state or federal law.
 - The consent requirements of this section do not apply:



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1. If the telemedicine interaction does not take place in the physical presence of the patient.
2. In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.
3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

3. Genetics

a. 12-2801; Definitions [Genetic testing]

- “Genetic test” or “genetic testing”:
 - (a) Means a test of a person's genes, genetic sequence, gene products or chromosomes for abnormalities or deficiencies, including carrier status, that:
 - (i) Are linked to physical or mental disorders or impairments.
 - (ii) Indicate a susceptibility to any illness, disease, impairment or other disorder, whether physical or mental.
 - (iii) Demonstrate genetic or chromosomal damage due to any environmental factor.
 - (b) Does not include:
 - (i) Chemical, blood and urine analyses that are widely accepted and used in clinical practice and that are not used to determine genetic traits.
 - (ii) Tests used in a criminal investigation or prosecution or as a result of a criminal conviction.
 - (iii) Tests for the presence of the human immunodeficiency virus.
 - (iv) Tests to determine paternity conducted pursuant to title 25, chapter 6, article 1.
 - (v) Tests given for use in biomedical research that is conducted to generate scientific knowledge about genes or to learn about the genetic basis of disease or for developing pharmaceutical and other treatment of disease.

b. 12-2802; Confidentiality of genetic testing results; disclosure

- This rule covers that genetic testing and information derived from genetic testing are confidential and considered privileged to the person testing and shall be only released to 11 groups listed in the rule.
- A person shall not disclosed or be compelled to disclose the identity of any person on whom a genetic test is performed or the results of a genetic test that allows identification except to the 11 groups listed in the rule.
- A healthcare provider and the provider's agents and employees that act in good faith and that comply with this article are not subject to civil liability.

c. 12-2803; Testing of minors; notice to parents; informed consent

- A genetic test shall not be conducted on an un-emancipated minor without the consent of the parent or legal guardian of the minor except for testing under the newborn screening program pursuant to § 36-694.
- A physician who orders the genetic testing of an un-emancipated minor shall notify the child's parent or legal guardian of the results of the test.



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- Except for the circumstances prescribed in § 12-2802, subsection A, paragraph 4, 7 or 9, a health care provider shall not conduct a genetic test on a person unless the health care provider first obtains written informed consent from the person to be tested or from the person's authorized representative.
- d. 20-448.02. Genetic testing; informed consent; definitions
- Except as otherwise specifically authorized or required by this state or by federal law, a person shall not require the performance of or perform a genetic test without first receiving the specific written informed consent of the subject of the test who has the capacity to consent or, if the person subject to the test lacks the capacity to consent, of a person authorized pursuant to law to consent for that person. Written consent shall be in a form as prescribed by the director. The results of a genetic test performed pursuant to this subsection are privileged and confidential and may not be released to any party without the expressed consent of the subject of the test.

4. Abuse, neglect, assault:

- a. 13-1413; Capacity of minor sexual assault victim to consent to medical examination
- Notwithstanding any other provision of the law, when it is not possible to contact the parents or legal guardian within the short time span in which the examination should be conducted a minor twelve years of age or older alleged to be the victim of a violation of § 13-1406 may give consent to hospital, medical and surgical examination, diagnosis and care in connection with such violation. Such consent shall not be subject to incapacity because of the victim's age. The consent of the parent, parents or legal guardian of such minor shall not be necessary to authorize such hospital, medical and surgical examination, diagnosis and care, and such parent, parents or legal guardian shall not be liable for payment for any services rendered pursuant to this section.
- b. 13-1404; Sexual abuse; classifications
- A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person who is fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

Note: Statute was challenged as unconstitutionally vague and in violation of the 14th Amendment guarantee of Equal Protection. Validity has been upheld on multiple occasions. However, the statute has been construed to "not criminalize sexual contact with consenting participant who is 14, 15, 16, or 17 years of age, but, rather, if victim is 14 or over, state must prove lack of consent; disapproving" See State v. Superior Court (Puig), 154 Ariz. 624, 744 P.2d 725 (App.1987)

- c. 13-1410; Molestation of child; classification
- A person commits molestation of a child by intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child who is under fifteen years of age.

Note: Statute was challenged as unconstitutionally vague and in violation of the 14th Amendment guarantee of Equal Protection. Constitutional validity has been upheld on multiple occasions

- d. 13-3620; Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions



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- Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36–2281 shall immediately report or cause reports to be made of this information to a peace officer, to the department of child safety or to a tribal law enforcement or social services agency for any Indian minor who resides on an Indian reservation, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.
- States when a report isn't required.
- A health care professional who is regulated pursuant to title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in section 13–3401 shall immediately report this information, or cause a report to be made, to the department of child safety. For the purposes of this subsection, “newborn infant” means a newborn infant who is under thirty days of age.
- A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer, child welfare investigator or child safety worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer, child welfare investigator or child safety worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

e. 13-3623; Child or vulnerable adult abuse; emotional abuse; classification; exceptions; definitions –

Note: Statute validity has been challenged on multiple occasions. Although the statute has been upheld; certain interpretations have been prohibited. Interpretation allowing for prosecution of a mother's prenatal conduct was ruled unconstitutionally vague in Reinesto v. Superior Court of State In and For County of Navajo, 182 Ariz. 190, 894 P.2d 733(App. Div.1 1995).

f. 14-5312; General powers and duties of guardian

- This provision lists a number of powers and duties required of a guardian.

5. Clinical Trials:

a. 20-826.01. Hospital or medical service corporations; clinical trials; cancer; definitions

- Provision states what is required for a cancer clinical trial to be created/recognized.
- Pursuant to the patient informed consent document, no party is liable for damages associated with the treatment provided during any phase of a cancer clinical trial.
- This section does not create any private right or cause of action for or on behalf of any patient against the corporation. This section provides solely an administrative remedy to the director for any violation of this section or any related rule.
- Nothing in this section prohibits the corporation from imposing deductibles, coinsurance or other cost sharing measures in relation to benefits provided pursuant to this section.



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- A trade association that represents hospital service corporations, medical service corporations and health care services organizations as defined in § 20-1051 may select a representative to voluntarily serve on the institutional review board of an institution in this state that reviews and approves the proposed treatment or study conducted during the cancer clinical trial.
- b. 20-1057.07. Health care services organizations; clinical trials; cancer; definitions
 - This section states the exact same thing 20-826-01.
- c. 20-2328; Accountable health plans; clinical trials; cancer; definitions
 - Provisions regarding accountable health plans and how they relate to clinical trials.
- d. 32-3204; Experimental diagnosis, therapy or treatment; implied consent; definition
 - Notwithstanding any provision of this title to the contrary, a health professional, within the scope of that person's profession, may use an experimental diagnosis, therapy or treatment on a patient who is unable to make or communicate health care decisions and who has an emergent life threatening condition if the requirements of 21 Code of Federal Regulations parts 50, 56, 312, 314, 601, 812 and 814 have been met.
 - A health professional who performs an experimental diagnosis, therapy or treatment pursuant to this section is deemed to have obtained the patient's implied consent for the purposes of title 12, chapter 5.1, article 1.
 - For purposes of this section, "experimental diagnosis" means the pharmaceuticals, devices and technology used to diagnose patients.
- e. 32-1401; Unprofessional conduct
 - List of definitions as they relate to Arizona Medical Board.

Note: Statute invalidated by Forbes v. Woods, 71 F.Supp.2d 1015 (D. Ariz. 1999) because terms which were material to interpretation of the statute; including experimentation, investigation, and routine, were ambiguous in violation of due process, failing to place health care providers on adequate notice of the legality of their conduct. Amended by 2008 Ariz. Legis. Serv. Ch. 12 (S.B. 1078) and currently proposed legislation.

- f. 36-3602. Delivery of health care through telemedicine; requirements; exceptions
 - Except as provided in subsection E of this section, before a health care provider delivers health care through telemedicine, the treating health care provider shall obtain verbal or written informed consent from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient's medical record.
 - The patient is entitled to all existing confidentiality protections pursuant to § 12-2292.
 - All medical reports resulting from a telemedicine consultation are part of a patient's medical record as defined in § 12-2291.
 - Dissemination of any images or information identifiable to a specific patient for research or educational purposes shall not occur without the patient's consent, unless authorized by state or federal law.
 - The consent requirements of this section do not apply:
 - If the telemedicine interaction does not take place in the physical presence of the patient.



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- In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.
- To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

6. Mental Health/HIV/Other Confidential information:

- a. 32-2085. Confidential communications [psychologist duty of confidentiality]
- The confidential relations and communication between a client or patient and a psychologist licensed pursuant to this chapter, including temporary licensees, are placed on the same basis as those provided by law between an attorney and client. Unless the client or patient waives the psychologist-client privilege in writing or in court testimony, a psychologist shall not voluntarily or involuntarily divulge information that is received by reason of the confidential nature of the psychologist's practice. The psychologist shall divulge to the board information it requires in connection with any investigation, public hearing or other proceeding. The psychologist-client privilege does not extend to cases in which the psychologist has a duty to report information as required by law.
 - The psychologist shall ensure that client or patient records and communications are treated by clerical and paraprofessional staff at the same level of confidentiality and privilege required of the psychologist.
- b. 36-663; HIV-related testing; restrictions; exceptions
- The general rule is "Except as otherwise specifically authorized or required by this state or by federal law, before an HIV-related test is ordered by a health care provider, the health care provider shall ensure that oral or written informed consent information is provided to the subject of the test who has capacity to consent or, if the subject lacks capacity to consent, to a person authorized pursuant to law to consent to health care for that person. For the purposes of this subsection, "informed consent information" means information that explains HIV infection and the meaning of a positive test result and that indicates that the patient may ask questions and decline testing."
 - The law then states 6 exceptions.
- c. 36-664. Confidentiality; exceptions [HIV]
- Provision states when a health care provider cannot disclose HIV information and when there are exceptions for him/her to do so.

7. Embryos/Fetus/Surrogate

- a. 36-2302; Experimentation on human fetus or embryo prohibited; physician-patient privilege inapplicable
- A person shall not knowingly use any human fetus or embryo, living or dead, or any parts, organs or fluids of any such fetus or embryo resulting from an induced abortion in any manner for any medical experimentation or scientific or medical investigation purposes except as is strictly necessary to diagnose a disease or condition in the mother of the fetus or embryo and only if the abortion was performed because of such disease or condition.
 - The physician-patient privilege as provided in § 13-4062, paragraph 4 shall not prevent the production of documents or records relevant to an investigation arising under this section. All documents or records produced in an action brought pursuant to this section shall be inspected by the court in camera, and before the documents or records are released to the requesting



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party, the court shall remove the names and other identifying information, if any, of the patients and substitute pseudonyms.

- This section shall not prohibit routine pathological examinations conducted by a medical examiner or hospital laboratory provided such pathological examination is not a part of or in any way related to any medical or scientific experimentation.

Note: Statute invalidated in Forbes v. Napolitano, 236 F.3d 1009 (9th Cir. 2000), as being unconstitutionally vague, in violation of due process, because the words “experimentation,” “investigation,” and “routine” were ambiguous.

b. 36-2311, 12, 13; Treatment of Embryos

- These provisions cover the definitions related to the treatment of embryos. Also, the provisions cover the production of human embryo or human animal hybrid and the purchase or sale of those hybrids. Then the provisions how to destroy human embryonic stem cell research.

8. Minors

a. 12-2454; Effect of emancipation

- This rule lists 13 purposes for which an emancipation order pursuant to this rule recognizes the minor as an adult for the following purposes.
- This rule also lists five ways an emancipation order terminates a parent's or legal guardian's rights.

b. 44-132; Capacity of minor to obtain hospital, medical and surgical care; definition

- Notwithstanding any other provision of law except as provided in title 36, chapter 20, article 1,1 and without limiting cases in which consent may otherwise be obtained or is not required, any emancipated minor, any minor who has contracted a lawful marriage or any homeless minor may give consent to the furnishing of hospital, medical and surgical care to such minor, and such consent shall not be subject to disaffirmance because of minority. The consent of the parent, or parents, of such a person is not necessary in order to authorize hospital, medical and surgical care. For the purposes of this section only, subsequent judgment of annulment of such marriage or judgment of divorce shall not deprive such person of his adult status once attained.
- A health care provider acting in reliance on the consent of a minor who has authority or apparent authority pursuant to this section to consent to health care is not subject to criminal and civil liability and professional disciplinary action on the ground that he or she failed to obtain consent of the minor's parent, parents or legal guardian. This subsection does not affect any other cause of action permitted under title 12, chapter 5.1.
- For purposes of this section, a homeless minor is an individual under the age of eighteen years living apart from his parents and who lacks a fixed and regular nighttime residence or whose primary residence is either a supervised shelter designed to provide temporary accommodations, a halfway house or a place not designed for or ordinarily used for sleeping by humans.

c. 44-132.01 Capacity of minor to obtain treatment for venereal disease without consent of parent

- Notwithstanding any other provision of the law, a minor who may have contracted a venereal disease may give consent to the furnishing of hospital or medical care related to the diagnosis or treatment of such disease and such consent shall not be subject to disaffirmance because of



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minority. The consent of the parent, parents or legal guardian of such a person shall not be necessary in order to authorize hospital or medical care.

- d. 44-133; Emergency consent for hospital care, medical attention or surgery by person in loco parentis
- Notwithstanding any other provision of the law, in cases of emergency in which a minor is in need of immediate hospitalization, medical attention or surgery and after reasonable efforts made under the circumstances, the parents of such minor cannot be located for the purpose of consenting thereto, consent for said emergency attention may be given by any person standing in loco parentis to said minor.
- e. 44-133.01 Capacity of minor to consent to treatment for use of a dangerous drug or narcotic
- Notwithstanding any other law, any minor who is at least twelve years of age who is found, upon diagnosis of a licensed physician or a registered nurse practitioner, to be under the influence of a dangerous drug or narcotic, which includes withdrawal symptoms, may be considered an emergency case and the minor is considered as having consented to hospital or medical care needed for treatment for that condition. Such consent is not subject to disaffirmance because of minority. The consent of the parent, parents or legal guardian of that minor is not necessary to authorize hospital or medical care, except that the consent is equally valid if obtained.
- f. 44-134; Capacity of minor for blood donation
- Notwithstanding any other law, a person who is at least eighteen years of age and who is otherwise competent may consent to the donation of blood and be subject to the penetration of tissue necessary to accomplish the donation at a federally approved blood bank.
 - Notwithstanding any other law, a minor who is sixteen or seventeen years of age may donate blood and be subject to the penetration of tissue necessary to accomplish the donation at a federally approved blood bank only if the minor has the written consent of the minor's parent or legal guardian.

Note: Statute repealed in 2008 Ariz. Legis. Serv. Ch. 17 (S.B. 1449) and added subsections (a) and (b).

9. Prisoners

- a. 31-321. Prisoner participation in approved programs.
- Any prisoner with the written consent of the director and the chief of health services may volunteer to participate in an approved program of medical research or plasmapheresis and whole blood program.
 - Before consenting to participate in the program, the chief of health services and a representative of the person, firm or corporation conducting the program shall advise the prisoner of the nature of the program and the dangers, if any, which may result by reason of such participation.
 - The consent of any prisoner to participate in the program shall be evidenced in writing and as a condition precedent to a prisoner's participation the prisoner shall release the state, the director and the chief of health services from any and all liability for claims arising out of the prisoner's participation in the program.