Date Faxed to Kaiser: Click or tap to enter a date.
Notice Type (check one below)
☐ **New Non-Disclosure Agreement** ☐ **Withdrawal of Non-Disclosure Agreement**

NOTICE OF NON-DISCLOSURE OF MINOR-INITIATED MENTAL HEALTH CARE AGREEMENT

Insurance Plan: Kaiser Authorizations & Referrals Management **Fax #**: 808-432-5691

Minor's Name: _____
(Last name) (First Name) (Middle Initial)

Minor's Date of Birth: _____ **Minor's Kaiser Medical Record Number:** _____

Minor's Street Address, City, State and Zip Code: _____

Minor's Signature REQUIRED:

_____ Date: _____

Mother's Name: _____
or Legal Guardian (Last name) (First Name) (Middle Initial)
Father's Name: _____
or Legal Guardian (Last name) (First Name) (Middle Initial)

Pursuant to §577-29, HRS, minors, 14 years of age or older, may consent to outpatient mental health services without parental or legal guardian consent, knowledge or participation, after consulting with a licensed mental health professional and there is agreement on confidentiality for minor initiated services.

I am hereby notifying the minor's health plan that the above named minor received mental health counseling from a licensed mental health professional which included a discussion on confidentiality, and agreement that the minor's mental health services should not be disclosed to the minor's parents/legal guardian for the period of time specified in the agreement.

I am hereby notifying the minor's health plan of the agreement on confidentiality and that the minor's self-initiated mental health services should not be disclosed to the minor's parent(s)/legal guardian through the health plan's explanation of benefits or by any other means. Non-disclosure is temporary and begins and ends according to the effective and expiration dates in the agreement with the minor. Should the non-disclosure agreement be withdrawn, or should the nondisclosure be extended, I will notify the health plan with an updated agreement.

Licensed Mental Health Professional's Signature REQUIRED:

_____ Date: _____

Printed name: _____

Agency or name of business: _____

Phone number: _____ NPI #: _____

To be completed and dates initialed by the minor's therapist
Nondisclosure Effective Date: Click or tap to enter a date.
Agreement Withdrawal Date: Click or tap to enter a date.