



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

January 30, 2021

FOR COVERED ENTITIES AND PROVIDERS: SAMPLE TEMPLATES FOR NON-DISCLOSURE OF MINOR-INITIATED MENTAL HEALTH CARE FOR HEALTH PLANS

Pursuant to [Act 37 SLH 2020](#) which amends §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.

The Child and Adolescent Mental Health Division (CAMHD) offers the attached documents as SAMPLE templates to assist plans and providers in developing their own policies and procedures to maintain nondisclosure of the minor-initiated mental health treatment or counseling services to the parent or legal guardian. The accompanying form “Notice of Non-Disclosure of Minor-Initiated Mental Health Care for Health Plans” might be completed by a provider and attached to the “Non-Disclosure of Minor-Initiated Mental Health Care Agreement” signed by a consenting minor and provider. Both documents might be sent to a covered entity or health plan to ensure non-disclosure.

Since these are SAMPLE template forms (shared for training purposes only), covered providers should always consult with the relevant health plan to determine the necessary documentation. These forms do not replace the insurance plan’s official forms.

Notice Type (check one)

- New Non-Disclosure Agreement**
- Extended Expiration Date of Non-Disclosure**
- Withdrawal of Non-Disclosure Agreement**

**NOTICE OF NON-DISCLOSURE OF MINOR-INITIATED MENTAL HEALTH CARE
FOR HEALTH PLANS**

Insurance Plan: _____ **Phone #:** _____

Insurance Plan Secure Email Address: _____

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

Minor's Address: _____

Minor's Date of Birth: _____ **Minor's Health Plan ID:** _____

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.

Attached is a signed agreement that states the minor received mental health counseling which included a discussion on confidentiality, and the minor and the licensed mental health professional agree 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.

[Click or tap here to enter text.](#) is hereby notifying the minor's health plan 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, the mental health provider will notify the health plan with an updated agreement.

**PLEASE ATTACH THIS NOTICE TO THE NON-DISCLOSURE
AGREEMENT BEFORE SENDING THE FORMS TO THE APPROPRIATE
HEALTH PLAN.**

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

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.

Minor's Statement:

I am a minor and am 14 years of age or older. I am seeking mental health services without consent, knowledge or participation of my parent/legal guardian. My mental health care provider and I had a discussion and there was agreement, that it is in my best interests not to involve my parents in my mental health treatment, at this time. I am requesting confidentiality of my minor-initiated mental health service information and that this information not be disclosed to my parent(s)/legal guardian through my health plan's explanation of benefits or by any other means. I understand that I or my therapist may withdraw this agreement and this agreement is temporary as specified by my therapist.

Minor's Signature REQUIRED):

_____ Date: _____

Printed name: _____ Date of birth: _____

Licensed Mental Health Professional's Signature REQUIRED:

_____ Date: _____

Printed name: _____

Agency or name of business: _____

Phone number: _____

NPI #: _____

Name of Mental Health Professional who conducted the client's "minor-initiated" initial assessment (if applicable): _____

<i>To be completed and dates initialed by the minor's therapist</i>	
Nondisclosure Effective Start Date: Click or tap to enter a date.	Nondisclosure Expiration Date: Click or tap to enter a date.
Extension of Nondisclosure Start Date: Click or tap to enter a date.	Extension of Nondisclosure Expiration Date: Click or tap to enter a date.
Agreement Withdrawal Date: Click or tap to enter a date.	