

<b>Notice Type (check one)</b>	
<input type="checkbox"/>	<b>New Non-Disclosure Agreement</b>
<input type="checkbox"/>	<b>Extended Expiration Date of Non-Disclosure</b>
<input type="checkbox"/>	<b>Withdrawal of Non-Disclosure Agreement</b>



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

**Minor's Name:** \_\_\_\_\_  
 (Last name) (First Name) (Middle Initial)

**Minor's Address:** \_\_\_\_\_

**Minor's Date of Birth:** \_\_\_\_\_ **Minor's `Ohana 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.

\_\_\_\_\_ is hereby notifying `Ohana Health Plan that the minor's  
 (Licensed Mental Health Professional)

self-initiated mental health services should not be disclosed to the minor's parent(s)/legal guardian. 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 Should the non-disclosure agreement be withdrawn, or should the nondisclosure be extended, the mental health provider will notify `Ohana Health Plan with an updated agreement.

**PLEASE COMPLETE, SIGN AND SEND THIS NOTICE AND THE NON-DISCLOSURE AGREEMENT TO `OHANA HEALTH PLAN:**

`Ohana Health Plan  
 Attn: Compliance Department  
 820 Mililani Street, Suite 200  
 Honolulu, HI 96813  
 Or  
 Fax: (877) 297-3112

**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:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Alternate Communication Information REQUIRED:**

**Please choose ONE option below.**

Mail all my communications, including Explanation of Benefits, to the mailing address on file.

Mail all my communications, including Explanation of Benefits, to this alternate address:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Licensed Mental Health Professional's Signature REQUIRED:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and credentials: \_\_\_\_\_

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>	
<b>Nondisclosure Effective</b> <b>Start Date:</b> _____	<b>Nondisclosure</b> <b>Expiration Date:</b> _____
<b>Extension of Nondisclosure</b> <b>Start Date:</b> _____	<b>Extension of Nondisclosure</b> <b>Expiration Date:</b> _____
<b>Agreement Withdrawal</b> <b>Date:</b> _____	