NORTHWEST neuro behavioral INSTITUTE

Parental Consent to Give Up Access to Their Child's Mental Health Records
For children 13-18 years of age

In accordance with the following paragraph taken from the Outpatient Services Contract previously signed…

"Patients under 18 years of age who are not emancipated and their parents should be aware that the law may provide parents the right to examine their child's treatment records. Since confidentiality in psychotherapy is often crucial to successful progress, particularly with teenagers, it is NNI's policy to request an agreement from the parents that they consent to give up access to their child's records. If they agree, HIPAA stipulates that the child maintains the exclusive ability to exercise his or her rights under HIPAA to preserve the confidentiality of his/her PHI. With the child's consent, we will provide parents only with general information about the progress of the child's treatment, unless your provider feels there is a high risk that the child will seriously harm him/her-self or someone else. In this case, your provider will notify parents of their concern."

…I_____ (parent/legal guardian) agree to give up access to my child's _____ (name of minor child) mental health records/Protected Health Information. I understand that once I sign this consent form, my minor child will maintain exclusive ability to exercise his or her rights under HIPAA to preserve the confidentiality of his/her Protected Health Information. With my child's consent, his/her mental health provider will provide me with only general information about the progress of treatment.

I understand that if my child's provider believes there to be a high risk that my child will seriously harm him/herself or someone else, my child's provider will notify me immediately of their concern.

_____

Signature of patient Print Name Date

_____Signature of parent/legal guardian Print Name Date

421 W. Riverside Ste. 310, Spokane WA 99201 ❖ Phone: 509-456-3600 Fax: 509-747-4420 ❖ www.spokanebrain.com