



Client's Full Name _____

Date of Birth _____

MINOR INFORMED CONSENT

What to expect:

THE MENTAL HEALTH STOP will keep the information clients share confidential, unless the agency has written consent to disclose specified medical and protected health information. There are, however, important exceptions to this rule that are important for Minor clients to understand before sharing personal information with THE MENTAL HEALTH STOP. In some situations, THE MENTAL HEALTH STOP is required by law or by regulatory entities to disclose information regardless if there is a release on file.

Confidentiality cannot be maintained when:

A client discloses a plan to cause serious harm or death to self or others, and THE MENTAL HEALTH STOP believes the client has the intent and/or ability to carry out this threat in the very near future. THE MENTAL HEALTH STOP will make clinical decisions to protect the client such as but not limited to contacting parent or legal guardian, law enforcement and emergency services. In the event a disclosure involves seriously hurting another individual, notification to the potential victim will occur by THE MENTAL HEALTH STOP and/or law enforcement.

A client discloses thoughts of engaging in behavior that could cause serious harm to self or others, even if the client does not intend to harm self or others. In these situations, THE MENTAL HEALTH STOP will utilize professional judgment to decide whether a parent or guardian, law enforcement or emergency services should be notified.

A client discloses abuse, neglect and/or exploitation of self or others. THE MENTAL HEALTH STOP will utilize professional judgement to decide if the Children, Youth, & Families Department and/or the Aging & Long Term Services Department will be notified of the disclosure. In this situation, THE MENTAL HEALTH STOP is required by law to report the suspected abuse, neglect and/or exploitation to the appropriate Statewide Central Intake.

A client is involved in a court case and a request is made for information about the client's behavioral health services. If this occurs, THE MENTAL HEALTH STOP will not disclose information without written consent unless the court requires THE MENTAL HEALTH STOP to waive HIPAA. THE MENTAL HEALTH STOP will make every effort within the law to protect the client's confidentiality, and if THE MENTAL HEALTH STOP is required to disclose information to the court, THE MENTAL HEALTH STOP will inform the client that this is occurring.

Communicating with parent(s) or legal guardian(s):

THE MENTAL HEALTH STOP will not disclose to a parent or legal guardian specifics of treatment and disclosures. This includes activities and behavior that a client's parent or legal guardian would not approve of unless the client is at risk of serious and immediate harm. However, if the client's risk-taking behavior becomes more serious, then THE MENTAL HEALTH STOP will utilize professional judgment to decide whether the client is in serious and immediate danger of being harmed. If THE MENTAL HEALTH STOP expressly feels the client is in such danger, THE MENTAL HEALTH STOP will communicate this information to the client's parent or legal guardian. A client may ask questions about the types of information that THE MENTAL HEALTH STOP might disclose by asking hypothetical situations, in other words: "If someone told you that they were doing _____, would you tell their parents?"

Example: If a client discloses that they have tried alcohol at a few parties, THE MENTAL HEALTH STOP will maintain confidentiality of this information. If a client discloses drinking and driving or that they were a passenger in a car with a driver who was drunk, THE MENTAL HEALTH STOP will not maintain confidentiality of this information from the client's parent or legal guardian. If a client discloses, or THE MENTAL HEALTH STOP believes based on disclosures, that the client is addicted to alcohol or substances, this information will not remain confidential.

Example: If a client discloses that they are having protected sex with a significant other, will be maintained. If a client discloses, on several occasions, having engaged in unprotected sex with people the client does not know or in unsafe situations, THE MENTAL HEALTH STOP will not maintain confidentiality of this information.

Even if the clinician has agreed to keep information confidential, the clinician will encourage the client to tell their parent/guardian and will help the client find the best way to tell them. Also, when meeting the client's parents, the clinician may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to the client.

Clients should also know that, by law in New Mexico, the client's parent or legal guardian has the right to see any written records kept by THE MENTAL HEALTH STOP for anyone under the age of 14 years. However, New Mexico laws protects the



privacy and confidentiality of anyone 14 years of age or older from their parent or legal guardian from obtaining written records kept by THE MENTAL HEALTH STOP without written consent from the client.

Communicating with Others:

THE MENTAL HEALTH STOP will not disclose your medical or protected health information to any individual or entity unless written consent is on file. Parents and legal guardians may refuse to release information of clients under the age of 14, even if the client would like the information disclosed. This does not apply to cases of abuse, neglect and/or exploitation. At times, THE MENTAL HEALTH STOP may request to disclose medical or protected health information with an individual or entity and will attempt to seek written consent from the client and their parent or legal guardian if appropriate.

Consent For Treatment:

By signing below, the minor client indicates that they have reviewed this MINOR INFORMED CONSENT and understand the limits to confidentiality.

Client's Signature

Date

Parent or Legal Guardian:

Initial and sign below indicating your agreement to respect the minor client's privacy:

_____ I will refrain from requesting detailed information about individual therapy sessions with the client. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

_____ I understand that I will be informed about situations that could endanger the client. I know this decision to breach confidentiality in these circumstances is up to THE MENTAL HEALTH STOP's professional judgment.

_____ **Initial if the client is 14 years of age or older.** I understand I have no legal right to request written records from THE MENTAL HEALTH STOP regarding the client as determined by New Mexico law. However, I may have access to written records if the client provides written consent.

_____ **Initial if the client is below the age of 14.** Although I know I have the legal right to request written records from THE MENTAL HEALTH STOP regarding the client, I agree NOT to request these records in order to respect the confidentiality of the client's treatment.

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Signature

Date