



CONFIDENTIALITY STATEMENT

Information gathered in the course of Kapi'olani Behavioral Health Service's (KBHS) work with me will remain confidential. However, there are exceptions to this confidentiality as mandated by law.

1. If information is shared with KBHS that leads the staff to believe that I/my minor child will cause injury to another person, KBHS is obligated to either contact that person and/or the police in order to warn of a potential threat.
2. In cases where child abuse (where a child is in threat of harm, imminent danger, or has been harmed) is related to the staff, KBHS is mandated to contact Child Protective Services (CPS).
3. If it were felt that I/my minor child am/is actively suicidal, KBHS will attempt to take reasonable precautions to protect me/my minor child from harm.
4. Additionally, I understand that KBHS does comply with all court ordered subpoenas for medical records.

In all cases where there is a need to report, the situation will be discussed with me in order to help me understand the need to report and in the hope of securing my consent.

I UNDERSTAND THE EXCEPTIONS TO CONFIDENTIALITY AS DESCRIBED ABOVE.

Patient's Name

Patient's Signature (18 years or older)

Date

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Witness' Name/Title

Witness' Signature

Date