



### Student Optional Disclosure of Private Mental Health Information Form

Illinois law, Public Act 099-0278, the *Student Optional Disclosure of Private Mental Health Act*, requires that institutions of higher education, including community colleges, provide to all students the opportunity to authorize the College in writing to disclose certain private mental health information to a person designated by that student.

#### **Who can I identify as a designated person?**

A student may designate a parent, guardian, or other person over the age of 18 to receive certain private mental health information from the College. This person should be someone that can make medical decisions on your behalf when you are unable to do so.

#### **What information will be disclosed and under what circumstances?**

The College may disclose a student’s mental health information to the designated person if a qualified examiner, who is employed by the college or mental contractor, determines that the student poses a clear danger to himself, herself, or others. The purpose of the disclosure in such a case is to protect the student or other person against a clear, imminent risk that the student may inflict serious physical or mental injury, disease or death on himself, herself, or another individual. The qualified examiner is required to disclose this information to the designated person as soon as possible, but in no more than 24 hours after making the determination that the student poses such a danger.

#### Student Authorization

\_\_\_ Yes, I authorize disclosure of my mental health information as described above to the individual I have identified on this form, which shall be valid unless and until I revoke it by notifying the College in writing that I am withdrawing this authorization.

\_\_\_ No, I do not authorize the College to disclose my private mental health information as described above to any individual. Should I change my mind, I understand I must submit a new form providing my consent to designate such an individual. I also understand that under certain circumstances as allowed and/or required by law, College officials may contact my parents, family members or others in the event of an emergency without my expressed written consent.

Signature:

Date:

\_\_\_\_\_

Student Information (Print)

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Designated Individual Contact Information

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Contact Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_