

## Student Optional Disclosure of Private Mental Health Information Form

The Illinois Student Optional Disclosure of Private Mental Health Act (10 ILCS 74) requires the College to provide each student with the opportunity to authorize the College to disclose certain private mental health information to a person designated by the student.

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

A student may designate a parent, guardian or other person over the age of 18.

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

In the absence of a qualified examiner employed by the college, the college may contact family members or others pursuant to the Family Educational Rights and Privacy Act, 20 U. S. C. § 1232g and its regulations at 34 CFR §99.36 (FERPA). FERPA states the College may, in situations where a health or safety emergency exists, disclose confidential personally identifiable information about a student without his or her consent, to any individuals the College reasonably determines to be in need of that information for public health and safety reasons, subject to the conditions and limitations set out in FERPA.

### 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 a designated person. If I change my mind, I understand I must submit a new form designating such an individual. I also understand that under certain circumstances as allowed and/or required by law, College officials may contact family members or others in the event of an emergency without my consent.

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

### Student Information

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

Date of birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### Designated Individual Contact Information

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

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

This form must be submitted to the director of student success in Millennium Center, Room 2213.