

Student Optional Disclosure of Private Mental Health Information Form

The Illinois *Student Optional Disclosure of Private Mental Health Act* (Public Act 99-278) 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.

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, 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 no more than 24 hours after making the determination that the student poses such a danger.

Please note that the College does not typically employ individuals who have the credentials to serve as "qualified examiners" within the meaning of the Act. Therefore, the College cannot assure that by identifying a designated person, the College will be able to disclose the student's condition to that designated person.

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 and authorizing the College to disclose my mental health information to that individual under the circumstances described above. 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 consent.

Signature: _____

Date: _____

Student Information

Name _____

X # _____

Date of Birth _____

Phone # _____

Address _____

Designated Individual Contact Information

Name _____

Relationship to student _____

Address _____

Contact Numbers: Cell _____ Work _____ Home _____

SUBMIT SIGNED FORM TO: Dean for Counseling, Career & Student Support, Student Center Room 274. Call 630.466.2951 with questions.

**ADMINISTRATIVE PROCEDURES FOR COMPLIANCE WITH
THE ILLINOIS STUDENT OPTIONAL DISCLOSURE OF
PRIVATE MENTAL HEALTH INFORMATION ACT**

In accordance with the Illinois *Student Optional Disclosure of Private Mental Health Act* (the “Act”, P.A. 99-278), a student’s mental health information is considered private in nature and will not be released to a third party without that student’s prior written consent, unless otherwise provided by other state or federal laws.

A student who desires to authorize disclosure of certain private mental health information about himself or herself to a designated person for purposes set out in the Act must complete a Student Optional Disclosure of Private Mental Health Information Form, available on page 1. This Form must be submitted to the Dean for Counseling, Career and Student Support (Student Center Room 274). The form will remain valid until the student revokes his or her authorization by notifying the College in writing that he or she is withdrawing this authorization.

In the event that a qualified examiner, who is employed by the College in that capacity, determines that a student poses a clear danger to the student or others, the qualified examiner will immediately contact the Dean for Counseling, Career and Student Support or his or her designee to determine if that student has completed and provided the College with a Student Optional Disclosure of Private Mental Health Information Form designating a person to whom the College is authorized to disclose this information.

If the student has filed a Student Optional Disclosure of Private Mental Health Information Form, the qualified examiner shall, as soon as practicable but no more than 24 hours after making the determination described above, attempt to contact and notify the designated person that the qualified examiner has made a determination that the student poses a clear, imminent danger to themselves, or others. The College shall document any and all attempts of the qualified examiner to reach the designated person.

Waubonsee Community College does not typically employ individuals who have the credentials to serve as “qualified examiners” within the meaning of the Act., Nor is the College required to employ such individuals. **Therefore, the College cannot assure a student that it will be able to disclose the student’s condition to the person that the student has designated to receive confidential mental health information about him or her in the circumstances provided for in the Act.**

The Dean for Counseling, Career & Student Support shall periodically review whether the College employs a “qualified examiner” who is in a position to make the determinations provided for in the Act.

Finally, consistent with the *Family Educational Rights and Privacy Act*, 20 U.S.C. § 1232g and its regulations at 34 CFR § 99.36 (“FERPA”), 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.