Elgin Community College
Bright Choice. Bright Future.

1700 Spartan Drive
Elgin, IL 60123-7193
847-697-1000
elgin.edu

Student Optional Disclosure of Private Mental Health Information Form

Purpose of the Act

The Student Optional Disclosure of Private Mental Health Act, 110ILCS 74/1 *et seq.* requires that institutions of higher learning provide all students the opportunity to authorize in writing the disclosure of certain private mental health information to a designated person.

What information will be disclosed?

Elgin Community College may disclose a student's mental health information if a physician, clinical psychologist, or qualified examiner who is employed by the college makes a determination that the student poses a clear danger to himself, herself, or others to protect the student or other person against a clear, imminent risk of serious physical or mental injury or disease or death being inflicted upon the person or by the student on himself, herself, or another. The information by the qualified examiner will be disclosed to the designated person as soon as practical, but in no more than 24 hours after making the mental health determination.

Who is a qualified examiner?

A qualified examiner is defined by Section 1-122 of the Mental Health and Developmental Disabilities Code Act as a clinical social worker, a registered psychiatric nurse, a licensed clinical professional counselor, or a licensed marriage and family therapist.

Who can be identified as a designated person?

A designated person is defined by this Act as a parent, guardian, or other person over the age of 18 designated by a student to receive disclosure of certain private mental health information.

IF YOU CHOOSE TO COMPLETE THIS FORM, PLEASE PRINT FORM COMPLETE WITH YOUR PERSONAL INFORMATION AND PUT IN A SEALED ENVELOPE ADDRESSED TO WELLNESS SERVICES AND DROP OFF IN ROOM B120. THIS INFORMATION WILL BE STORED CONFIDENTALLY AND SECURELY. ONLY THE WELLNESS PROFESSIONALS AND THE DEAN OF STUDENT SERVICES AND DEVELOPMENT MAY ACCESS THESE FORMS.

FOR MORE INFORMATION ABOUT THIS ACT AND DISCLOSURE, CONTACT A WELLNESS PROFESSIONAL AT 847-214-7390.

Student Authorization

☐ Yes, I authorize disclosure of my mental health information as described above to the designated person identified on this form.

☐ No, I decline authorization of disclosure of my mental health information as described above.

Signature: Date:

_____ _____

Elgin Community College
Bright Choice. Bright Future.

1700 Spartan Drive
Elgin, IL 60123-7193
847-697-1000
elgin.edu

Student Information

Name: _____ Student ID#: _____

Date of Birth: _____ Phone #: _____

Designated Person Contact Information

Name: _____ Relationship to Student: _____

Address: _____

Contact Phone Numbers: _____

Cell: _____ Home: _____ Work: _____

Other Contact Information: _____

_____

Please make sure you inform the designated person that you have listed him/her on this form.

Students choosing to change any previously completed disclosure information can do so by submitting updated information to Wellness Services.