

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 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 themselves to a designated person for purposes set out in the Act must complete a [Student Optional Disclosure of Private Mental Health Information Form](#). This form must be submitted to the Office of Abilities during a request for accommodations; and/or the Counseling Center upon request of counseling services. This form will remain valid until the student revokes the authorization by notifying Chicago State University in writing that they are withdrawing this authorization.

In the event that a clinical psychologist, physician, or qualified examiner employed at Chicago State University in that capacity, determines that a student poses a clear danger to the student or others, the qualified examiner will immediately contact the Office of Abilities and/or Director of Counseling or their designee to determine if that student has completed and provided Chicago State University with a Student Optional Disclosure of Private Mental Health Information form designating a person to whom the University 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 determined that the student poses a clear, imminent danger to themselves, or others. Chicago State University shall document any and all attempts of the qualified examiner to reach the designated person.

The Dean of Students shall periodically review whether the University 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 University may, in situations where a health or safety emergency exists, disclose confidential personally identifiable information about a student without their consent, to any individuals the University reasonably determines to need that information for public health and safety reasons, subject to the conditions and limitations set out in FERPA.

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 provide all students the opportunity to authorize the University 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 University.

What information may be disclosed and under what circumstances?

The University may disclose a student’s mental health information to the designated person if a qualified examiner, who is employed by the University, determines that the student poses a clear danger to themselves or others. The purpose of the disclosure, in such a case, is to protect that student or other person against a clear, imminent risk that the student may inflict serious physical or mental injury, disease, or death to themselves 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 determination that the student poses such a danger.

STUDENT AUTHORIZATION

- Yes, I authorize the 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 University in writing that I am withdrawing this authorization.

- No, I do not authorize the University 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 University 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, University officials may contact my parents, family members, or others in the event of an emergency without my consent.

Signature: _____ Date: _____

STUDENT INFORMATION

Name: _____ Student ID Number: _____

Date of Birth: _____ Phone Number: _____

Address: _____

DESIGNATED INDIVIDUAL CONTACT INFORMATION

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: Cell: _____ Work: _____ Home: _____

This document is to be forwarded electronically to the Assistant Director of Abilities @ Abilities@csu.edu
Cordell Reed Student Union Building, Suite 160.