

500.12 Student Optional Disclosure of Private Mental Health Information

Effective date: 12/2/15

Procedure - Disclosure of Private Mental Health Information

In accordance with Illinois Eastern Community Colleges Board Policy 500.12, mental health information is considered private in nature and will not be released without prior approval from the student.

Students who request to authorize the disclosure of certain private mental health information to a designated person must complete a Student Optional Disclosure of Private Mental Health Information Form, located on the Disclosures and Student Right to Know webpage and file it with the Student Records Department at the primary college of attendance. Student Records personnel will place the form in the student file where it will remain valid for one academic year. Students must renew the Student Optional Disclosure of Private Mental Health Information Form annually during the first two weeks of fall semester.

In the event that a physician, clinical psychologist, or qualified examiner *who is employed by IECC*, makes a determination that a student poses a clear danger to themselves, or others, they will contact Student Records personnel to determine if the student has authorized the disclosure of certain private mental health information to a designated person by completing and filing a Student Optional Disclosure of Private Mental Health Information Form.

If the student has filed a Student Optional Disclosure of Private Mental Health Information Form, the physician, clinical psychologist, or qualified examiner *who is employed by IECC*, shall, as soon as practicable, but in no more than 24 hours after making a determination, attempt to contact the designated person and notify the designated person that the physician, clinical psychologist, or qualified examiner has made a determination that the student poses a clear, imminent danger to them self, or others.

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ILLINOIS EASTERN COMMUNITY COLLEGES

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Student ID: _____

Name (please print) _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip _____

Date of Birth (MM/BD/YYYY) _____

Phone (____) _____

Primary College of Attendance (check one): Frontier Lincoln Trail Olney Central Wabash Valley

As a student at Illinois Eastern Community Colleges (FCC, LTC, OCC, and WVC), I may authorize the disclosure of my private mental health information to the designated individual named below and understand that:

1. my chosen designated individual must be a parent, guardian, or other person, over the age of 18, designated by me to receive certain private mental health information.
2. my signature authorizes IECC to disclose my private mental information, to my designated individual only if a physician, clinical psychologist, or qualified examiner *employed by IECC*, makes a determination that I pose a clear danger to myself, or others, in order to protect me or another person against a clear, imminent risk of serious physical or mental injury or disease or death being inflicted upon myself, or another person.
3. this request will be in effect for the academic year in which request was made (one year from date of signature), and must be renewed annually, by me during the first two (2) weeks of each fall semester.

_____ I **authorize** the disclosure of my private mental health information to the following:

Name: _____
Address: _____
Phone Number: _____

_____ I **do not authorize** the disclosure of my private mental health information.

Student Signature

Date

Student Records Signature

Date

BANNER:  Entered _____ (date)