

## Mental Health Contact Authorization

The Illinois Student Optional Disclosure of Private Mental Health Act requires IECC to provide students with the opportunity to authorize IECC to disclose certain private mental health information to a designated person (over the age of 18) selected by the student. Per the Act, in order to protect the student or others, an institution of higher learning may disclose the student's mental health information to this designated person if a physician, clinical psychologist, or qualified examiner who is employed by the institution makes a determination that the student poses a clear danger to themselves or others. The Act states this is to be done as soon as practicable, but no more than 24 hours after making the determination.

IECC does not employ any individuals who serve as qualified examiners and who are in a position to make the mental health determination as described above; therefore, there is no assurance that by identifying a designated person, IECC will be able to disclose the student's condition to that designated person. In the absence of a qualified examiner employed by IECC, IECC officials may, however, contact the designated person or other appropriate parties in a health or safety emergency as outlined in the IECC FERPA policy (500.11) and pursuant to the Family Educational Rights and Privacy Act of 1974.

Student ID: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Name (please print): \_\_\_\_\_  
(First) (Middle) (Last)

Primary Campus of Attendance (check one): ☐ FCC ☐ LTC ☐ OCC ☐ WVC

Please check the action you would like to take (Select only one):

☐ I DO NOT wish to designate an individual as a contact.

☐ I would like to designate my contact as the individual identified below.

☐ I would like to revoke my authorization currently on file. (You will no longer have a contact on file).

☐ I would like to change my contact to the individual identified below.

Designated Person's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**This authorization is in effect as long as you are enrolled at IECC unless revoked or changed, which you may do so at any time by completing another form. Please return completed form to Student Services.**

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Entered in Banner by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Emergency Contact added as **Priority 9**)