SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Optional Authorization for Disclosure of Private Mental Health Information

Illinois Student Optional Disclosure of Private Mental Health Act (110 ILCS 74)

About This Authorization

The Illinois Student Optional Disclosure of Private Mental Health Act (110 ILCS 74) provides students with the opportunity to designate an adult who may be contacted if a qualified examiner determines that the student presents a clear and imminent risk of serious harm to themselves or others.

Designating an emergency contact is entirely optional. If you choose to designate a contact, SIUE may notify that individual only under the circumstances permitted by Illinois law. Notification will occur as soon as possible, but no later than 24 hours after the determination is made.

Consistent with the Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. § 1232g) and its implementing regulations, as well as other applicable federal and state laws, SIUE may disclose information without prior consent when a health or safety emergency exists and disclosure is necessary to protect the student or others.

How to Submit Your Authorization

You may manage your emergency contact authorization using either of the following methods:

A. Online (Recommended)

Log in to CougarNet and complete the authorization electronically.

1. Select **Personal Information.**
2. Select **View and Update Emergency Contacts.**
3. Select **New Contact.**
4. From the **Relationship** menu, select **Private Mental Health Designee.**
5. Enter your contact's information.
6. Select **Submit Changes.**

B. Paper Form

Complete, sign, and date the attached authorization form and submit it in person or by mail to:

SIUE Service Center
Rendleman Hall, Room 1309
Box 1080
Edwardsville, IL 62026-1080

Please Note: Designating an emergency contact is voluntary. If you choose not to designate a contact, no action is required. You may designate, update, or revoke your authorization at any time through CougarNet or by submitting a new paper authorization form.

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Emergency Contact Authorization

Illinois Student Optional Disclosure of Private Mental Health Act (110 ILCS 74)

Please select one of the following options and sign and date this form.

☐ **I request that SIUE notify the following adult emergency contact if an SIUE clinical psychologist, physician, licensed counselor, or other qualified examiner determines that I am at clear and imminent risk of inflicting serious physical or mental injury, disease, or death upon myself or another individual.**

I understand that I may revoke this authorization or designate a new emergency contact at any time by completing the appropriate authorization form or by updating my information through CougarNet.

I also understand that, under certain circumstances pursuant to federal and/or state law, certain University officials may contact my parent(s), guardian(s), or other appropriate individual in the event of an emergency to protect my life or the lives of others without my express written consent.

Emergency Contact Information

Name: _____ Relationship to Me: _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

OR

☐ **I do not wish to designate an emergency contact.**

I understand that I may designate an emergency contact at any time in the future by completing a new authorization form or by updating my information through CougarNet.

I also understand that, under certain circumstances pursuant to federal and/or state law, certain University officials may contact my parent(s), guardian(s), or other appropriate individual in the event of an emergency to protect my life or the lives of others without my express written consent.

Student Information

Student Name: _____ 800 Number: _____

Student Signature: _____ Date Signed: _____

Please Note: Designating an emergency contact is voluntary. If you choose not to designate a contact, no action is required. You may designate, update, or revoke your authorization at any time through CougarNet or by submitting a new paper authorization form.

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Revoke or Update an Existing Authorization

Illinois Student Optional Disclosure of Private Mental Health Act (110 ILCS 74)

Please select one of the following options and sign and date this form.

☐ **I hereby revoke my previous authorization for SIUE to notify my designated emergency contact.**

I understand that, under certain circumstances pursuant to federal and/or state law, certain University officials may contact my parent(s), guardian(s), or other appropriate individual in the event of an emergency to protect my life or the lives of others without my express written consent.

Student Information

Student Name: _____ 800 Number: _____

Student Signature: _____ Date Signed: _____

OR

☐ **I hereby designate a new emergency contact and authorize SIUE to notify the person identified below if an SIUE clinical psychologist, physician, licensed counselor, or other qualified examiner determines that I am at clear and imminent risk of inflicting serious physical or mental injury, disease, or death upon myself or another individual.**

I also understand that, under certain circumstances pursuant to federal and/or state law, certain University officials may contact my parent(s), guardian(s), or other appropriate individual in the event of an emergency to protect my life or the lives of others without my express written consent.

New Emergency Contact Information

Name: _____
Relationship to Me: _____
Address: _____
_____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Student Information

Student Name: _____

800 Number: _____

Student Signature: _____

Date Signed: _____

Please Note: Designating an emergency contact is voluntary. You may revoke or update your authorization at any time through CougarNet or by submitting a new paper authorization form.

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