

## Student Optional Disclosure of Private Mental Health Information Form

### Purpose of the Policy

The Student Optional Disclosure of Private Mental Health Act, 110 ILCS 74/1 *et seq.* requires that institutions of higher learning maintain a policy that provides 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?

Under the Student Optional Disclosure of Private Mental Health Information Policy, Triton College may disclose a student's mental health information to the student's designated person if a physician, clinical psychologist, or qualified examiner who is employed by Triton College makes a determination that the student poses a clear danger to himself, herself, or others. In order to protect the student or other person(s) against a clear, imminent risk of serious physical or mental injury or disease or death being inflicted upon the person(s) or by the student on himself, herself, or another, Triton College may disclose the student's mental health information as set forth herein. 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 405 ILCS 5/1-122 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 EMAIL IT TO MHCONSENT@TRITON.EDU. THIS INFORMATION WILL BE STORED CONFIDENTIALLY AND SECURELY. ONLY TRITON COLLEGE COUNSELORS, THE DEAN OF STUDENT SERVICES, AND THE DEAN OF ENROLLMENT SERVICES MAY ACCESS THESE FORMS.**

**FOR MORE INFORMATION ABOUT THIS ACT AND DISCLOSURE, PLEASE CONTACT A TRITON COLLEGE COUNSELOR AT 708-456-0300, EXT. 3588.**

### Student Authorization

\_\_\_\_ I authorize disclosure of my mental health information as described above to the designated person identified below on this form.

\_\_\_\_ I have previously designated a contact for disclosure of my mental health information, but would like to change to a new designated person to contact. The information for my new designated contact is set forth below.

\_\_\_\_ I decline authorization of disclosure of my mental health information as described above.

Signature:

Date:

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**Student Information**

Name:

Student ID#:

Date of Birth:

Phone #:

**Designated Person Contact Information**

Name:

Relationship to Student:

Address:

Date of Birth:

Contact Phone Numbers:

Cell:

Home:

Work:

Other Contact Information:

*Please make sure you inform the designated person that you have listed him/her as your designated mental health contact.*

*Students choosing to change this authorization or update information, may do so at any time by resubmitting this form to [mhconsent@triton.edu](mailto:mhconsent@triton.edu). Students may only have one named mental health disclosure contact.*