



BLESSING-RIEMAN

College of Nursing & Health Sciences

Blessing-Rieman College of Nursing and Health Sciences - Policy for Compliance with the Student Optional Disclosure of Private Mental Health Act

Policy

In accordance with the State of Illinois' Student Optional Disclosure of Private Mental Health Act, Blessing-Rieman College of Nursing and Health Sciences is providing students the opportunity to authorize in writing the disclosure of certain private mental health information to a designated person of your choosing.

This Act states that an institution of higher learning may disclose mental health information 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 himself, herself or others to protect the student or other person against a clear, imminent risk of serious physical or mental injury or disease or death being inflicted upon the person or by the student on himself, herself, or another. The physician, clinical psychologist, or qualified examiner shall, as soon as practicable, but in no more than 24 hours after making the determination under this section, 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 himself, herself, or others.

Procedure

If the student desires to designate a person that would receive certain private mental health information in such a situation, please complete the form titled **Mental Health Disclosure Form**. This form will allow you to affirmatively authorize the disclosure of the information. This process is optional. Please print, complete the form, and return to Student Services Office.

Mental Health Disclosure Form (Optional)

Pursuant with the State of Illinois' Student Optional Disclosure of Private Mental Health Act, you have the opportunity to designate an adult whom you would like Blessing-Rieman College of Nursing and Health Sciences to contact in the event that you experience a mental health emergency that puts you or others at risk of serious injury or death. You are not required to designate a contact person; however, if you choose to designate someone, the person can be anyone over the age of 18 years.

If the student would like to designate an individual as a mental health designee contact in the event that the student is evaluated by a physician, clinical psychologist or qualified examiner and it is determined that the student poses a threat of harm to the student or another person, please print, complete the following information, and return to Student Services Office.

Designated Person's Name _____

Relationship _____

Designated Person's Address _____

Contact Number _____

E-mail Address for Contact _____

Alternative Contact Number _____

Student Signature _____

Date Completed/Submitted _____

Please read and check before submitting form:

___ I understand that I can change my mind at any time and complete this form in the future. I also understand that under certain circumstances as allowed or required by law, certain college officials may contact my parents or others in the event of an emergency to protect my life or the lives of others without my expressed written consent.