

Optional Authorization for Disclosure of Mental Health Information  
Illinois Student Optional Disclosure of Private Mental Health Act— 110 ILCS 74/

Illinois state law requires that all students at higher education institutions have the option to list an adult whom they would want contacted in case of an imminent safety risk to themselves or others. This form allows you to state whether or not you would like to designate someone as an emergency contact to be notified if you were ever to be at risk of seriously harming yourself or someone else.

Please note that designating an emergency contact is completely optional. If you do list such a contact on this form, an SIUE clinical psychologist, physician, licensed counselor, or other qualified examiner who determined that you were at clear, imminent risk of inflicting serious physical or mental injury or disease or death on yourself or someone else would thereby be required by law to notify your designated contact person of the safety risk as soon as possible, and no more than 24 hours after determining the risk of clear, imminent danger to self/others.

To declare your authorization to designate an emergency contact or to revoke a previous authorization, you may either submit the completed, printed, signed, and dated form (which you'll find starting on the next page of this document—please scroll down) to the Service Center, Rendleman Hall 1309, Box 1080, Edwardsville, IL 62026-1080 for processing or manage the authorized designee information through your secure CougarNet account as follows:

- Log in to [CougarNet](#)
- Select **Personal Information**
- Select **View and Update Emergency Contacts**
- Select **New Contact**
- In the **Relationship** field, select **Private Mental Health Designee**
- Enter the contact information and click the **Submit Changes** button

Please initial one of the choices below to let the University know your preference, and sign and date this form. Note: If this form is not completed and signed, the University will assume that you do not wish to designate an emergency contact person.

\_\_\_\_\_ I request that SIUE contact the following adult person in the event that an SIUE clinical psychologist, physician, licensed counselor, or other qualified examiner determines that I am at clear, imminent risk of inflicting serious physical or mental injury or disease or death on myself or someone else. I understand that I am free to revoke this permission, or to designate a new adult contact, by completing the information found later in this form. I also understand that under certain circumstances pursuant to Federal and/or State law, certain University officials may contact my parents or others in the event of an emergency to protect my life or the lives of others without my express written consent.

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Cell)  
\_\_\_\_\_ (Work)

Email: \_\_\_\_\_

\_\_\_\_\_ I do not want to designate a contact person in the event that an SIUE clinical psychologist, physician, licensed counselor, or other qualified examiner determines that I am at clear, imminent risk of inflicting serious physical or mental injury or disease or death on myself or someone else. I understand that I am free to designate a contact person in the future by completing the information found later in this form. I also understand that under certain circumstances pursuant to Federal and/or State law, certain University officials may contact my parents or others in the event of an emergency to protect my life or the lives of others without my express written consent.

Student Name \_\_\_\_\_

800 # \_\_\_\_\_

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

Date Signed \_\_\_\_\_

Note that you may revoke (or change) your authorization to release information by selecting the *Remove Contact* check-box and clicking the *Submit Changes* button, or by completing, signing, dating, and submitting (to Rendleman Hall 1309) the form below:

\_\_\_\_\_ I hereby revoke my previous consent to have SIUE notify a designated adult emergency contact person in the event that an SIUE clinical psychologist, physician, licensed counselor, or other qualified examiner determines that I am at clear, imminent risk of inflicting serious physical or mental injury or disease or death on myself or someone else. I understand that under certain circumstances pursuant to Federal and/or State law, certain University officials may contact my parents or others in the event of an emergency to protect my life or the lives of others without my express written consent.

Student Name \_\_\_\_\_ 800 # \_\_\_\_\_

Student Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

\_\_\_\_\_ I hereby designate a new adult emergency contact person and express my consent to have SIUE notify this person in the event that an SIUE clinical psychologist, physician, licensed counselor, or other qualified examiner determines that I am at clear, imminent risk of inflicting serious physical or mental injury or disease or death on myself or someone else. I understand that under certain circumstances pursuant to Federal and/or State law, certain University officials may contact my parents or others in the event of an emergency to protect my life or the lives of others without my express written consent.

**Please note: any previous emergency contact persons whom you have designated will still be authorized to be notified in the event of a life-threatening emergency unless you specifically revoke them using the form above.**

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Cell)

\_\_\_\_\_ (Work)

Email: \_\_\_\_\_