

PROCEDURE 3.7.1: STUDENT OPTIONAL DISCLOSURE OF PRIVATE MENTAL HEALTH

In accordance with Public Act 099-0278 at the time of enrollment at Sandburg, students are given the opportunity to authorize in writing the disclosure of certain private mental health information to a designated person.

When enrolling for the first time, students are provided with the *Student Optional Disclosure of Mental Health Information Authorization form*. By completing this form, the student grants Sandburg's designated mental health professional permission to release information about his/her mental health information to the third party listed. The student must complete a separate form for each third party to whom they wish to grant access to information on their student records.

The completed form is sent to the Registrar's office, Sandburg, Tom L. Wilson Blvd., Galesburg, IL 61401. The authorization to release information doesn't expire unless the student signs the form revoking the authorization. The student may revoke the authorization at any time by sending a written request to the same address. This form does not allow the third-party access to other student record information from Sandburg.

Sandburg may disclose the student's mental information if a physician, clinical psychologist or qualified examiner employed by the college 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 will, as soon as practicable, but in no more than 24 hours after making a 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.

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