The Illinois Student Optional Disclosure of Private Mental Health Act gives you the right to designate an adult as a contact person in the event that a Student Health Service or Student Counseling Service physician, clinical psychologist or qualified examiner determines that you pose a clear danger to yourself or others. You are not required to designate a contact, but if you wish to do so, it can be anyone over the age of 18 years (parent, friend, sibling, etc.). Please initial one of the lines below and sign and date this form.

______(initials) I do want to designate the following adult as a mental health emergency contact person who will be contacted if a Student Care Center or Student Counseling Service physician, clinical psychologist or qualified examiner determines that I am a clear danger to myself or to others. I understand that I can change this designation or decline to name a contact at any time by completing this form again.

Mental Health Emergency Contact:

Name _______________________________________________
Phone _______________________________________________
Email _______________________________________________
Relationship To You _______________________________________________

______(initials) I do not want to designate a mental health emergency contact person at this time. I understand that I can decide to designate a contact at any time by completing this form again. I also understand that under certain circumstances as allowed or required by law, certain University officials may without my express written consent contact my parents or others in the event of an emergency in order to protect my life or the lives of others.

_________________________________
Your Name

_________________________________
Signature

_________________________________
Date

_________________________________
Student ID#

Return this completed and signed form to
Campus and Student Life
5711 S. Woodlawn Ave.
Chicago, IL 60637