



# Mental Health Disclosure

Pursuant to Illinois Public Act 099-0278, you have the opportunity to designate an adult whom you would like Chicago State University (CSU) 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.

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Title Last Name First Name

UID NUMBER

**Please select one of the following boxes to indicate the action you are taking:**

I would like to designate an individual as a mental health designee contact in the event that I am evaluated by a CSU physician, clinical psychologist or qualified examiner and it is determined that I pose a threat of harm to myself or another person.

I have previously identified a mental health designee contact, but would like to change to a new mental health designee contact Person

I have previously identified a mental health designee contact but would like to withdraw my authorization (you will no longer have a contact on file).

I do not want to designate a person as a mental health designee contact in the event that I am evaluated by a CSU physical, clinical psychologist or qualified examiner and it is determined that I pose a threat of harm to myself or another person.

I authorize CSU to contact the following person in the event that I am evaluated by a CSU physical, clinical psychologist or qualified examiner as posing a threat of harm or injury to myself or to another person. I also understand that I can change this designation, and withdraw my authorization and/or the name of the designate at any time by completing a new Student Optional Disclosure of Private Mental Health Information form:

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 do 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 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 expressed written consent.