

## **Emergency Contact Form**Optional Disclosure of Mental Health Information

The Illinois Student Optional Disclosure of Private Mental Health Act (PA 099-0278) requires that institutions of higher education, including community colleges, provide to all students the opportunity to authorize the College in writing to disclose certain private mental health information to a person designated by the student.

Design	ate a Mer	ital Health Contact			
initials	counselor injury or o a new adu circumsta	, or other qualified examiner disease or death on myself or alt contact, by completing the nces pursuant to Federal and	determines that I am r someone else. I und e information found la /or State law, certain	e event that an SIUC clinical psy at clear, imminent risk of inflict terstand that I am free to revoke ater in this form. I also understand University officials may contact ters without my express written con	ting serious physical or mental this permission, or to designate nd that under certain t my parents or others in the
	My Design	ated Mental Health Contac	et:		
	Name			Relationship to me:	
	Address _			Telephone:	Home Cell Work
	Email: _			_	
initials	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.  I do not want to designate a contact person in the event that an SIUC clinical psychologist, physician, licensed counselor,				
If this fo	rm is not co	N (Required) mpleted and signed, the Univ	•	at you do not wish to designate a	an emergency contact person.
Studen	t Name:		Stud	ent ID:	
		Signature		ate	

You can update your contact information using the *Update Your Contact Information (address, email, phone, and emergency contact)* task in SalukiNet, or submit this form to the Office of the Registrar, Student Services Building, Room 0251. Emergency Contact forms can be sent as an email attachment to <a href="Registrar@siu.edu">Registrar@siu.edu</a> using your official SIU Email account.