Authorization to Release Information in the Event of a Mental Health Crisis

In compliance with applicable privacy laws, this form allows the above-named institution to notify my parent(s), guardian(s), or other designated individuals in the event of a mental health crisis or situation where I may pose a risk to myself or others. Upon completion, this signed form must be submitted to the Northwestern State University Registrar's Office, Student Services Center, Suite 308 or via email to registrar@nsu.edu.

STUDENT INFORMATION

Student Name: _____   Student ID Number: _____

Student Email: _____   Date of Birth: _____

DESIGNATED CONTACT(S)

I hereby authorize the institution to contact the following individual(s):

Primary Contact:

Name: _____   Relationship to Student: _____

Phone Number: _____   Email Address: _____

Secondary Contact (Optional):

Name: _____   Relationship to Student: _____

Phone Number: _____   Email Address: _____

STUDENT ACKNOWLEDGMENT

I understand that I am voluntarily granting this authorization. This authorization does not require the Northwestern State University to notify my designated contact(s) unless deemed necessary. I authorize Northwestern State University to share the following types of information with the designated contact(s):

- General nature of the mental health crisis.
- Actions taken by the Northwestern State University (i.e. hospitalization, counseling referral).
- Recommendations for follow-up care.

I understand that specific diagnoses or treatment details will not be disclosed unless otherwise authorized or required by law. This authorization will remain in effect *(select one):*

- Until the conclusion of my enrollment at Northwestern State University.

- Until I submit a written request to revoke this authorization.

Student Signature: _____   Date: _____

UNIVERSITY ACKNOWLEDGMENT

NSU Representative Signature: _____   Date: _____

Printed Name: _____   Title: _____

REVOKE AUTHORIZATION

I have the right to revoke this authorization at any time. The revocation of this authorization will not apply to information already shared under this consent. By signing below, I hereby revoke any prior authorization for Northwestern State University to notify the individual(s) previously designated in the event of a mental health crisis or situation where I may pose a risk to myself or others.

Student Signature: _____   Date: _____

PRIVACY NOTICE

The information disclosed under this authorization is protected by federal and state privacy laws. **Northwestern State University** will use reasonable efforts to safeguard your information in accordance with these laws. *This form complies with Louisiana Act 157 (R.S. 17:3138.1) requirements for public postsecondary education institutions.*