



# MENTAL HEALTH CRISIS AUTHORIZATION POLICY

**Policy #** SA.002.1

**Responsible Executive:** VP Student Success  
**Responsible Office:** Student Success  
**Originally Issued:** August 1, 2025  
**Latest Revision:** 4/21/2026

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## I. Policy Statement

In accordance with Louisiana Act No. 157 (La. R.S. 17:3138.1), the University of Louisiana at Lafayette (“University”) has established this Policy to provide all enrolled students the opportunity to voluntarily complete a Mental Health Crisis Authorization Form. This form allows students to designate individuals with whom the University may share limited Protected Health Information (“PHI”) in the event of a Mental Health Crisis or when a student is reasonably believed to pose a risk of harm to self or others.

This Policy is designed to support student well-being while ensuring compliance with applicable federal and state laws, including the Family Educational Rights and Privacy Act (“FERPA”), the Health Insurance Portability and Accountability Act (“HIPAA”), and other relevant regulations.

## II. Purpose of Policy

- A. **Purpose**. The purpose of this Policy is to:
  1. Offer students a formal mechanism to authorize the University to notify a parent, guardian, or other designated individual(s) during a mental health emergency.
  2. Balance the University’s legal and ethical responsibilities to student safety with respect for student privacy and autonomy.
  3. Establish training, procedures, and safeguards for staff involved in the handling of such authorizations.
- B. **University Responsibilities**. The University will:
  1. Provide the Mental Health Crisis Authorization Form to all students.

2. Ensure appropriate staff (e.g., on-call professionals, counselors, conduct officers, residence life personnel, University Police, etc.) are trained on the use, scope, and privacy obligations associated with the form.
  3. Use reasonable professional judgment in determining when disclosure is necessary and ensure that information is shared strictly in accordance with this Policy and applicable law.
- C. **Confidentiality and Compliance**. All University staff involved in implementing this Policy are required to:
1. Adhere strictly to all confidentiality requirements.
  2. Handle disclosures in a manner consistent with institutional policy and federal/state privacy laws.
  3. Use professional judgment and only disclose information necessary to protect student safety.

### III. Applicability

This Policy applies to all currently enrolled students enrolled at the University.

### IV. Definitions

1. **Designated Contact(s)**: are individual(s) identified by the student – such as a parent, guardian, or trusted adult – to be contacted in the event of a Mental Health Crisis.
2. **Mental Health Crisis**: is a situation in which a student is experiencing acute psychological distress, including but not limited to behavior that indicates the student may be a danger to self or others, or is in need of urgent psychiatric intervention.
3. **Mental Health Crisis Authorization Form**: is a voluntary form completed by the student to authorize the University to contact specified individuals in a Mental Health Crisis.
4. **Protected Health Information (PHI)**: is individually identifiable health information that is protected under FERPA or HIPAA

### V. Policy Procedure

#### A. Mental Health Crisis Authorization Form Availability

1. The Mental Health Crisis Authorization Form will be made available electronically through the ULINK portal.
2. Direct access will also be provided via the Dean of Students, Student Health Center, and Counseling & Testing Center websites.

#### B. Mental Health Crisis Authorization Form Completion and Submission

1. Completion of the form is entirely voluntary.
2. Students may submit the form at any point during their enrollment.
3. All forms must be submitted through the designated secure online platform.

### **C. Scope of Information Shared**

Only the following limited information may be disclosed to the student's designated contact(s), when disclosure is deemed necessary and appropriate:

1. The general nature of the crisis;
2. Any actions taken by the University (e.g., emergency medical transport, psychiatric referral, etc.); and
3. Recommended next steps or support options.

No specific diagnosis, treatment details, or confidential clinical notes will be shared unless expressly authorized or otherwise permitted or required by law.

### **D. Duration of Authorization**

Students must indicate one of the following desired duration of their Mental Health Crisis Authorization Form:

1. Effective until the end of enrollment; or
2. Effective until a written revocation is submitted.

### **E. Revocation of Authorization**

1. A student may revoke the authorization at any time by submitting a written request to the Office of Student Success.
2. Revocation is not retroactive and does not affect any disclosures made prior to the date of revocation.

## **VI. Enforcement**

The Vice President for Student Success is responsible for monitoring the enforcement of this Policy.

## **VII. Policy Management**

Upon adoption, the Vice President for Student Success shall be the Responsible Executive for this Policy in charge of the management of this Policy. The Dean of Students shall be the Responsible Officer of this Policy and the Office of Student Success shall be the Responsible Office for this Policy.

## **VIII. Exclusions**

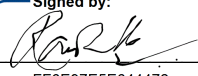
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## **IX. Effective Date**

This Policy will take effect on August 1, 2025.

## X. Adoption

This Policy is hereby adopted on August 1, 2025.

Signed by:  
  
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**Dr. Ramesh Kolluru**  
**President**

## XI. Appendices, References, and Related Materials

- Louisiana Act No. 157 (La. R.S. 17:3138.1)
- Family Educational Rights and Privacy Act (FERPA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Mental Health Crisis Authorization Form

## XII. Revision History

- Original adoption date: Interim policy adopted on August 1, 2025.
- Policy formally adopted: 4/21/2026