HLS 25RS-398 ORIGINAL

2025 Regular Session

HOUSE BILL NO. 202

1

BY REPRESENTATIVE BOYD

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HIGHER EDUCATION: Provides for a privacy waiver relative to certain mental health information of postsecondary education students

AN ACT

| 2 | To enact R.S. 17:3138.1, relative t | to postsecondary education management boards; to require |
|----|-------------------------------------|--|
| 3 | each public postsecondar | ry education institution to offer a privacy waiver to its |
| 4 | students for certain health | information; and to provide for related matters. |
| 5 | Be it enacted by the Legislature of | of Louisiana: |
| 6 | Section 1. R.S. 17:3138.1 | is hereby enacted to read as follows: |
| 7 | §3138.1. Waiver; health | information; form |
| 8 | Each public posts | econdary education management board shall require each |
| 9 | institution under its jurisd | liction to make available to every student a form on which |
| 10 | the student may authoriz | ze the institution to disclose otherwise protected health |
| 11 | information to persons des | signated by the student in the event of a mental health crisis |
| 12 | or situation where the stu | dent poses a risk to himself or others. The form shall be |
| 13 | presented as follows: | |
| 14 | Authorization to Release In | nformation in the Event of a Mental Health Crisis |
| 15 | Student Name | |
| 16 | Student ID Number | |
| 17 | Date of Birth | |
| 18 | Education Institution Name | |
| 19 | Purpose of Authorization | |

| 1 | In compliance with applicable privacy laws, this form allows the above-named | | |
|----|--|--|--|
| 2 | institution to notify my parent(s), guardian(s), or other designated individuals in the | | |
| 3 | event of a mental health crisis or situation where I may pose a risk to myself or others. | | |
| 4 | Section 1: Designated Contact(s) | | |
| 5 | I hereby authorize the institution to contact the following individual(s): | | |
| 6 | 1. Primary Contact | | |
| 7 | Name: | | |
| 8 | Relationship to Student: | | |
| 9 | Phone Number: | | |
| 10 | Email Address: | | |
| 11 | 2. Secondary Contact (Optional) | | |
| 12 | Name: | | |
| 13 | Relationship to Student: | | |
| 14 | Phone Number: | | |
| 15 | Email Address: | | |
| 16 | Section 2: Scope of Information to Be Shared | | |
| 17 | I authorize the education institution to share the following types of information with | | |
| 18 | the designated contact(s): | | |
| 19 | • General nature of the mental health crisis. | | |
| 20 | Actions taken by the education institution (i.e. hospitalization, counseling | | |
| 21 | referral). | | |
| 22 | • Recommendations for follow-up care. | | |
| 23 | I understand that specific diagnoses or treatment details will not be disclosed unless | | |
| 24 | otherwise authorized or required by law. | | |
| 25 | Section 3: Duration of Authorization | | |
| 26 | This authorization will remain in effect (select one): | | |
| 27 | [] Until the conclusion of my enrollment at the education institution. | | |
| 28 | [] Until I submit a written request to revoke this authorization. | | |
| 29 | Section 4: Student Acknowledgment | | |

| 1 | <u>I understand the following:</u> | |
|----|--|--|
| 2 | • <u>I am voluntarily granting this authorization.</u> | |
| 3 | <u>I have the right to revoke this authorization at any time by submitting a written</u> | |
| 4 | request to the education institution. | |
| 5 | • Revocation of this authorization will not apply to information already shared | |
| 6 | under this consent. | |
| 7 | This authorization does not require the education institution to notify my | |
| 8 | designated contact(s) unless deemed necessary. | |
| 9 | Signature of Student: | |
| 10 | Section 5: University Representative Acknowledgment | |
| 11 | Signature of Representative: | |
| 12 | Printed Name: | |
| 13 | <u>Title:</u> | |
| 14 | Date: | |
| 15 | Privacy Notice | |
| 16 | The information disclosed under this authorization is protected by federal and state | |
| 17 | privacy laws. The education institution will use reasonable efforts to safeguard your | |
| 18 | information in accordance with these laws. | |

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 202 Original

2025 Regular Session

Boyd

Abstract: Provides relative to a waiver of confidentiality of certain mental health information for postsecondary students.

<u>Proposed law</u> requires each public postsecondary education management board to require each institution under its jurisdiction to make available to every student a form to authorize the institution to disclose certain health information to certain persons designated by the student in the event of a mental health crisis or situation where the student poses a risk to himself or others. Requires a certain form to be used by each institution.

(Adds R.S. 17:3138.1)