



RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES

Individual's Name: _____

Identification Number: _____

Date: _____

Following are some of your rights. You have other rights that concern procedures of admission and discharge. These rights do not appear on these pages. However, you DO have a copy of these procedural rights. If you have admitted yourself voluntarily, look on the back of your IL462-2202 or IL462-2001D application. If you are here involuntarily, look on the back of the Petition for Involuntary/Judicial Admission (IL462-2005), and also look at both sides of any court orders you have received or may receive. You have been provided a Notice of Privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which describes your rights related to privacy of your protected health information.

RETENTION OF RIGHTS

As a general rule, you lose none of your rights, benefits, or privileges simply because you are an individual receiving mental health or developmental disability services. For example, you do not lose your right to vote or attend religious services. However, you should know that individuals admitted to mental health facilities will be disqualified from receiving firearm owners' identification cards, or may lose any such cards possessed prior to admission.

HUMANE CARE SERVICES

You are entitled to adequate and humane care and services in the least restrictive environment and to an individual services plan.

COMMUNICATION

MAIL/TELEPHONE CALLS/ VISITS

You have a right to communicate with other people in private, without obstruction, or censorship, by the staff at the facility. This right includes mail, telephone calls, and visits. There are limits to these rights. Communication by these means may be reasonably restricted by the director of the facility, but only to protect you or others from harm, harassment, or intimidation. ALL

letters addressed to or from the Governor, members of the General Assembly, Attorney

General, judges, State's attorneys, Guardianship and Advocacy or the Agency designated to protect and advocate rights of the developmentally disabled, officers of the Department, or licensed attorneys must be forwarded without examination.

No facility shall prevent any attorney representing you or who has been requested to represent you by any relative or family member from visiting you during normal business hours. You may refuse to meet with the attorney.

PROPERTY

You are entitled to receive, possess, and use personal property unless it is determined that certain items are harmful to you or others. When you are discharged, all lawful property must be returned to you.

MONEY

You may use your money as you choose, unless you are under age 18 or prohibited from doing so under a court guardianship order.

BANKING

You may deposit your money at a bank or place it for safekeeping with the facility. If the facility deposits your money, any interest earned will be yours.

Neither this facility nor any of its employees may act as payee to receive any payment or assistance directed to you, including Social Security and pension, annuity, or trust fund payments without your informed consent.

LABOR

You must be paid for work you are asked to perform which benefits the facility.

NOTE: You may be required to do personal housekeeping chores without being paid.



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REFUSING SERVICES If you are over 18 and do not have a guardian, you have the right to refuse services, including medication or electroconvulsive therapy (ECT). If you are over 18 and have a guardian, your guardian can refuse services on your behalf. If you do not want to take medication or ECT and your guardian disagrees, you may have a hearing before a judge, who will decide if you have to take the medication or ETC. If you or your guardian refuse services, you will not be given such services except when necessary to prevent you from causing serious harm to yourself or others or if a judge orders it. If you are under 18, you do not have a right to refuse services. or

RESTRAINTS Restraints may be used only to protect you from physically harming yourself or others, or as part of a medical or surgical procedure, and only under supervision of a properly qualified professional.

**EMERGENCY MEDICATION
ELECTRO CONVULSIVE
THERAPY RESTRAINT** The facility must advise you, your guardian or substitute decision-maker, if any, of the following circumstances under which the law permits the use of emergency medication/ECT and/or restraint. At the same time, you or your guardian or substitute decision-maker may tell the facility which form of intervention you would prefer if any, if the circumstances should arise. Your preference will be noted in the record and the facility must give consideration to your preference.

UNUSUAL SERVICES Any unusual, hazardous, or experimental services require your written and informed consent.

**MEDICAL/DENTAL
SERVICES** Except in emergencies, no medical or dental services will be provided to you without informed consent.

**RESTRICTIONS OF RIGHTS
PERSONS NOTIFIED** If your rights are restricted, the facility must notify:
- your parent or guardian, if you are under age 18;
- you and the person of your choice;
- the Guardianship and Advocacy Commission if you say you want the Commission to be contacted.

If communications were restricted with a specific person, you may have that person notified if you so desire.

A Guardianship and Advocacy Commission is a state agency consisting of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at the following addresses:

East Central Regional Office

2125 S. First Street
Champaign, IL 61820
Phone: (217) 278-5577
Fax: (217) 278-5588

Peoria Regional Office

401 N. Main Street, Suite 620
Peoria, IL 61602
Phone: (309) 671-3030
Fax: (309) 671-3060

Rockford Regional Office

4302 N. Main Street, Suite 108
Rockford, IL 61103
Phone: (815) 987-7657
Fax: (815) 987-7227

Egyptian Regional Office

47 Cottage Drive
Anna, Illinois 62906-1669
Phone: (618) 833-4897
Fax: (618) 833-5219

West Suburban Regional Office

Madden Mental Health Center
1200 S. First Street, P.O. Box 7009
Hines, IL 60141
Phone: (708) 338-7500

Metro East Regional Office

Holly Bldg., 4500 College
Suite 100
Alton, IL 62002
Phone: (618) 474-5503



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Fax: (708) 338-7505

Fax: (618) 474-5517

North Suburban Regional Office

9511 Harrison Avenue
Des Plaines, Illinois 60016
Phone: (847) 294-4264
Fax: (847) 294-4263

Chicago Regional Office

160 N. La Salle Street
Suite S500
Chicago, IL 60601
Phone: (312) 793-5900
Fax: (312) 793-4311

Springfield Regional Office

521 Stratton Building
401 S. Spring Street
Springfield, IL 62706
Phone: (217) 785-1540
Fax: (217) 524-0088

Equip for Equality, Inc. is an independent, not-for-profit organization that administers the federal protection and advocacy system to people with disabilities in Illinois. Equip for Equality, Inc., provides self-advocacy assistance, legal services, education, public policy advocacy, and abuse investigations. The offices are located at:

Main/Chicago Office

20 N. Michigan, Ste 300
Chicago, Illinois 60602
(800) 537-2632 or
(312) 341-0022
TTY: (800) 610-2779
Fax: (312) 341-0295

Central Illinois

1 West Old Capitol Plaza, Suite 816
Springfield, IL 62701
(217) 544-0464
(800) 758-0464
TTY: (800) 610-2779
Fax: (217) 523-0720

Northwestern Illinois

1515 Fifth Avenue, Suite 420
Moline, IL 61265
(309) 786-6868
(800) 758-6869
TTY: (800) 610-2779
Fax: (309) 797-8710

Southern Illinois

300 E. Main Street, Suite 18
Carbondale, IL 62901
(618) 457-7930
(800) 758-0559
TTY: (800) 610-2779
Fax: (618) 457-7985

Website: www.equipforequality.org

I have explained these rights to the individual (or the guardian of the individual, if applicable) and have provided him or her a copy of it. A copy of this form has been filed in the individual's clinical record.

Staff signature

Title

Date and Time

Signature of Individual Receiving Services

☐ Check here if individual refuses to sign

Witness' signature (required only if individual refuses to sign)