



State of Illinois
Department of Human Services
**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.

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.



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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
 TTY: (866) 333-3362

Peoria Regional Office

401 N. Main Street, Suite 620
 Peoria, IL 61602
 Phone: (309) 671-3030
 Fax: (309) 671-3060
 TTY: (866) 333-3362

Rockford Regional Office

4302 N. Main Street, Suite 108
 Rockford, IL 61103
 Phone: (815) 987-7657
 Fax: (815) 987-7227
 TTY: (866) 333-3362

Egyptian Regional Office

#7 Cottage Drive
 Anna, Illinois 62906-1669
 Phone: (618) 833-4897
 Fax: (618) 833-5219
 TTY: (866) 333-3362

West Suburban Regional Office

Madden Mental Health Center
 1200 S. First Avenue, P.O. Box 7009
 Hines, IL 60141
 Phone: (708) 338-7500
 Fax: (708) 338-7505
 TTY: (866) 333-3362

Metro East Regional Office

Holly Bldg., 4500 College
 Suite 100
 Alton, IL 62002
 Phone: (618) 474-5503
 Fax: (618) 474-5517
 TTY: (866) 333-3362

North Suburban Regional Office

9511 Harrison Avenue
 Des Plaines, Illinois 60016
 Phone: (847) 294-4264
 Fax: (847) 294-4263
 TTY: (866) 333-3362

Chicago Regional Office

160 N. La Salle Street
 Suite S500
 Chicago, IL 60601
 Phone: (312) 793-5900
 Fax: (312) 793-4311
 TTY: (866) 333-3362

Springfield Regional Office

521 Stratton Building
 401 S. Spring Street
 Springfield, IL 62706
 Phone: (217) 785-1540
 Fax: (217) 524-0088
 TTY: (866) 333-3362

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) 541-7544

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

 Signature of Individual Receiving Services

Check here if individual refuses to sign

 Staff Name and Title

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

 Date and Time

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