



REAFFIRMATION OF VOLUNTARY STATUS IN A STATE-OPERATED CENTER

Reg.405 ILCS 5/3-404 and 3-506

Individual's Name: _____

Center: _____

Admitted/signed voluntary on: _____
(date/time)

You have been admitted to this center as a voluntary admission or have signed a voluntary application sometime after admission to the center. The law says that you must be asked if you want to stay in the center within 30 days after the date you were admitted or signed the application and every 60 days after that for as long as the center director believes you still need inpatient treatment.

You can tell the center you want to stay by signing your name below or by indicating acceptance to a center staff person.

FOR MINORS ONLY - the person who executed the application for admission must be asked within 30 days after the date of the admission or signed application and every 60 days after that for as long as the center director believes the minor needs inpatient treatment.

check here if individual indicates desires to remain a voluntary individual **BUT** refuses to sign form.

Printed Name of Individual who signed application

Witness Printed Name

Signature of Individual/Person who signed application

Witness Signature

Date

Witness Printed Name

Witness Signature

I affirm that I notified the guardian (if individual is legally disabled) of the individual's reaffirmation of voluntary status.

Staff Member Printed Name and Title

Affirmation (30 or 60 day)

Staff Member's Signature

Date/Time

A copy of this form was provided to the individual or guardian in

English Spanish Other, specify: _____

by _____
Printed Name and Title

Signature

on _____
Date/Time

Individual _____	
Date of Birth: _____	Sex: _____
Identification Number: _____	
Center: _____	
Subunit: _____	



**REAFFIRMATION OF VOLUNTARY
STATUS IN A STATE-OPERATED CENTER**

Rights of Voluntary Admittee

- * You have the the right to request discharge from this center. Your request must be in writing.
- * After you give your request, the center must discharge you at the earliest appropriate time. This time may never exceed 5 days, excluding Saturdays, Sundays, and holidays, unless it is expected that you are likely to inflict serious physical harm on yourself or others in the near future.
- * If the center director believes you are likely to harm yourself or others, he/she must file a petition and 2 certificates with the court within the same 5-day period. You will then have a hearing in court and the court will determine if you must remain at the center.
- * You will have the right to withdraw your request to be discharged if you should decide to remain at the center. Thirty days after your admission, if you have not been discharged, the center director will determine whether you need further hospitalization. If the center director determines you should remain, he/she or his/her designee will consult with you. If you do not agree to stay, your statement will be considered a request for discharge (as above). Every 60 days thereafter the center director will review your record and consult with you.
- * As a general rule you do not lose any of the legal rights, benefits, or privileges simply because you have been admitted to a mental health center (see your copy of the "Rights of Individuals"). However, you should know that persons admitted to mental health centers will be disqualified from obtaining firearm owner's identification cards, or may lose such cards obtained prior to admission.

A Guardianship and Advocacy Commission has been created which consists of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at:

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
 830 S. Spring Street
 Springfield, IL 62704
 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 office is located at **Website:** www.equipforequality.org

Main/Chicago Office
 20 N. Michigan, Ste 300
 Chicago, Illinois 60602
 (800) 537-2632 or
 (312) 341-0022
 TTY: (800) 610-2779
 Fax: (312) 800-0912

The information you provide on this form is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) ([PL 104-191] at 45 CFR 160 and 164). Your personally identifiable health information will only be used and/or released in accordance with HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

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

Date and Time

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

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