

LETTER OF NOTIFICATION FOR ADMISSION/TRANSFER/DISCHARGE

To: (Person(s) to be notified of admission):

_____	_____ (facility)
_____	_____ (address)
_____	_____ (facility director)
_____	_____ (phone number)

Please mark which type of notice below:

- Admission: This is to inform you that (individual's name) _____
was admitted to the above-named facility on _____ at _____
(date) (time)
- Transfer: This is to inform you that (individual's name) _____
was transferred from _____ to _____
on _____ at _____ Information for the new facility is listed on the back of this page
(date) (time)
- Discharge: This is to inform you that (individual's name) _____
was discharged from _____ on _____ at _____
(date) (time)

Please read carefully the information contained on the sheet. It describes the rights of both the individual and yourself regarding this specific information. I certify that I mailed a copy of this notice in:

- English
- Spanish
- Other (specify) _____

to the person listed above by depositing it in the U.S. Mail, on _____ .

WISHES NO ONE TO BE NOTIFIED

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Time: _____

Sections of the Code Pertaining to Who Needs to be Notified

**(405 ILCS 5/Ch. II Art. I heading)
ARTICLE 1. RIGHTS**

(405 ILCS 5/2-113) (from Ch. 91 1/2, par. 2-113)

Sec. 2-113. (a) Upon admission, the facility shall inquire of the recipient if a spouse, family member, friend or an agency is to be notified of his admission to the facility. If the recipient consents to release of information concerning his admission, the facility shall immediately attempt to make phone contact with at least two designated persons or agencies or by mail within 24 hours.

**(405 ILCS 5/Ch. II Art. II heading)
ARTICLE II. PROCEDURES**

(405 ILCS 5/2-200) (from Ch. 91 1/2, par. 2-200)

Sec. 2-200. (c) Upon commencement of services, or as soon thereafter as the condition of the recipient permits, the facility shall ask the adult recipient or minor recipient admitted pursuant to Section 3-502 whether the recipient wants the facility to contact the recipient's spouse, parents, guardian, close relatives, friends, attorney, advocate from the Guardianship and Advocacy Commission or the agency designated by the Governor under Section 1 of "An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named", approved September 20, 1985, or others and inform them of the recipient's presence at the facility. The facility shall by phone or by mail contact at least two of those people designated by the recipient and shall inform them of the recipient's location. If the recipient so requests, the facility shall also inform them of how to contact the recipient.

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:

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

Website: www.equipforequality.org

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.

Hospital Information (enter telephone numbers, Social Worker contact, visiting hours, etc.)
