

**NOTICE OF ADMISSION**

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

_____	_____ (facility)
_____	_____ (address)
_____	_____ (facility director)

This is to inform you that (individual's name) \_\_\_\_\_  
was admitted to the above-named facility on \_\_\_\_\_ at \_\_\_\_\_  
(month day, year) (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:

#### **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 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 Street, 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 W-335  
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](http://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.