

NOTICE OF DENIAL ADMISSION TO A STATE-OPERATED CENTER AND RIGHT TO REQUEST REVIEW

To: _____

You are hereby notified that _____ was denied admission as a _____
(individual) (specify type of admission)

admission to the _____ on _____
(Center) (month/day/year)

I certify that I mailed delivered a copy of this notice in English Spanish Other Specify: _____

to the person(s) identified above on _____
(month/day/year)

Printed Name: _____ Title: _____

Signature: _____ For Center Director: _____

PLEASE READ CAREFULLY THE INFORMATION CONTAINED BELOW. IT DESCRIBES THE RIGHTS OF BOTH THE INDIVIDUAL AND YOURSELF REGARDING THIS DENIAL OF ADMISSION.

WHO HAS THE RIGHT TO REQUEST A REVIEW

MH Center: Adult-An individual seeking admission may request, or with the individual's consent, an interested person on the individual's behalf may seek a request for a review.

Minor-The person (if 16 years of age or older) may request a review of the minor's attorney, parent, guardian or person in loco parentis

DD Center: The individual who executed the application for admission may request a review, or the attorney or guardian may request a review.

EXPLANATION OF HOW TO OBJECT TO DENIAL OR ADMISSION

Send a written and signed request for a review of denial of admission to the center director of the center to which admission was sought within 14 days of the denial. Upon receipt, the center director will schedule a hearing to be held at the center within 7 days.

The hearing takes place before a special committee of professional staff. The hearing is informal and you may bring persons to make statements and present facts on your behalf.

the committee will send its recommendations to the center director, who will notify you of his or her decision, within 7 days. If you do not agree with the decision you may ask the Secretary of the Department of Human Services to review it.

A copy of this form shall be retained by the center (per center procedure)

IMPORTANT INFORMATION IS ON THE BACK OF THIS FORM

RETURN TO CENTER DIRECTOR

The application for admission of _____ to _____
(individual's name) (name of center)

and denied on (date) _____

I hereby request a review of this denial.

Name of Requestor: _____ Relationship to Individual: _____

Signature of Requestor: _____ Date: _____

NOTICE OF DENIAL ADMISSION TO A STATE-OPERATED CENTER AND RIGHT TO REQUEST REVIEW

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)