

RIGHTS OF INFORMAL ADMITTEE

YOU HAVE THE RIGHT TO BE DISCHARGED FROM THIS FACILITY ON YOUR ORAL OR WRITTEN REQUEST AT ANY TIME DURING THE NORMAL DAILY DAY-SHIFT HOURS OF OPERATION, WHICH SHALL INCLUDE BUT NEED NOT BE LIMITED TO 9 A.M. TO 5 P.M.

YOUR RIGHT TO LEAVE AT YOUR REQUEST BEGINS WITH THE FIRST DAY SHIFT AFTER ADMISSION. AS A GENERAL RULE, YOU DO NOT LOSE ANY OF YOUR LEGAL RIGHTS, BENEFITS, OR PRIVILEGES SIMPLY BECAUSE YOU HAVE BEEN ADMITTED TO A MENTAL HEALTH FACILITY (SEE YOUR COPY OF THE "RIGHTS OF INDIVIDUALS"). HOWEVER, YOU SHOULD KNOW THAT PERSONS ADMITTED TO MENTAL HEALTH FACILITIES WILL BE DISQUALIFIED FROM RECEIVING FIREARM OWNERS IDENTIFICATION CARDS, OR MAY LOSE SUCH CARDS POSSESSED 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)