



# RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES

Individual's Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Date: \_\_\_\_\_

Following are some of your rights. You have other rights that concern procedures of admission and discharge. These rights do not appear on these pages. However, you DO have a copy of these procedural rights. If you have admitted yourself voluntarily, look on the back of your IL462-2202 or IL462-2001D application. If you are here involuntarily, look on the back of the Petition for Involuntary/Judicial Admission (IL462-2005), and also look at both sides of any court orders you have received or may receive. You have been provided a Notice of Privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which describes your rights related to privacy of your protected health information.

**RETENTION OF RIGHTS** As a general rule, you lose none of your rights, benefits, or privileges simply because you are an individual receiving mental health or developmental disability services. For example, you do not lose your right to vote or attend religious services. However, you should know that individuals admitted to mental health facilities will be disqualified from receiving firearm owners' identification cards, or may lose any such cards possessed prior to admission.

**HUMANE CARE SERVICES** You are entitled to adequate and humane care and services in the least restrictive environment and to an individual services plan.

**COMMUNICATION MAIL/TELEPHONE CALLS/ VISITS** You have a right to communicate with other people in private, without obstruction, or censorship. by the staff at the facility. This right includes mail, telephone calls, and visits. There are limits to these rights. Communication by these means may be reasonably restricted by the director of the facility, but only to protect you or others from harm, harassment, or intimidation. ALL letters addressed to or from the Governor, members of the General Assembly, Attorney General, judges, State's attorneys, Guardianship and Advocacy or the Agency designated to protect and advocate rights of the developmentally disabled, officers of the Department, or licensed attorneys must be forwarded without examination. No facility shall prevent any attorney representing you or who has been requested to represent you by any relative or family member from visiting you during normal business hours. You may refuse to meet with the attorney.

**PROPERTY** You are entitled to receive, possess, and use personal property unless it is determined that certain items are harmful to you or others. When you are discharged, all lawful property must be returned to you.

**MONEY** You may use your money as you choose, unless you are under age 18 or prohibited from doing so under a court guardianship order.

**BANKING** You may deposit your money at a bank or place it for safekeeping with the facility. If the facility deposits your money, any interest earned will be yours. Neither this facility nor any of its employees may act as payee to receive any payment or assistance directed to you, including Social Security and pension, annuity, or trust fund payments without your informed consent.

**LABOR** You must be paid for work you are asked to perform which benefits the facility. NOTE: You may be required to do personal housekeeping chores without being paid.



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**REFUSING SERVICES** If you are over 18 and do not have a guardian, you have the right to refuse services, including medication or electroconvulsive therapy (ECT). If you are over 18 and have a guardian, your guardian can refuse services on your behalf. If you do not want to take medication or ECT and your guardian disagrees, you may have a hearing before a judge, who will decide if you have to take the medication or ETC. If you or your guardian refuse services, you will not be given such services except when necessary to prevent you from causing serious harm to yourself or others or if a judge orders it. If you are under 18, you do not have a right to refuse services.

or

**RESTRAINTS** Restraints may be used only to protect you from physically harming yourself or others, or as part of a medical or surgical procedure, and only under supervision of a properly qualified professional.

**EMERGENCY MEDICATION  
ELECTRO CONVULSIVE  
THERAPY RESTRAINT** The facility must advise you, your guardian or substitute decision-maker, if any, of the following circumstances under which the law permits the use of emergency medication/ECT and/or restraint. At the same time, you or your guardian or substitute decision-maker may tell the facility which form of intervention you would prefer if any, if the circumstances should arise. Your preference will be noted in the record and the facility must give consideration to your preference.

**UNUSUAL SERVICES** Any unusual, hazardous, or experimental services require your written and informed consent.

**MEDICAL/DENTAL SERVICES** Except in emergencies, no medical or dental services will be provided to you without informed consent.

**RESTRICTIONS OF RIGHTS  
PERSONS NOTIFIED** If your rights are restricted, the facility must notify:

- your parent or guardian, if you are under age 18;
- you and the person of your choice;
- the Guardianship and Advocacy Commission if you say you want the Commission to be contacted.

If communications were restricted with a specific person, you may have that person notified if you so desire.

A Guardianship and Advocacy Commission is a state agency consisting of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at the following addresses:

**East Central Regional Office**  
2125 S. First Street  
Champaign, IL 61820  
Phone: (217) 278-5577  
Fax: (217) 278-5588

**Peoria Regional Office**  
401 N. Main Street, Suite 620  
Peoria, IL 61602  
Phone: (309) 671-3030  
Fax: (309) 671-3060

**Rockford Regional Office**  
4302 N. Main Street, Suite 108  
Rockford, IL 61103  
Phone: (815) 987-7657  
Fax: (815) 987-7227

**Egyptian Regional Office**  
47 Cottage Drive  
Anna, Illinois 62906-1669  
Phone: (618) 833-4897  
Fax: (618) 833-5219

**West Suburban Regional Office**  
Madden Mental Health Center  
1200 S. First Street, P.O. Box 7009  
Hines, IL 60141  
Phone: (708) 338-7500

**Metro East Regional Office**  
Holly Bldg., 4500 College  
Suite 100  
Alton, IL 62002  
Phone: (618) 474-5503



**RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES**

Fax: (708) 338-7505

Fax: (618) 474-5517

**North Suburban Regional Office**

9511 Harrison Avenue  
Des Plaines, Illinois 60016  
Phone: (847) 294-4264  
Fax: (847) 294-4263

**Chicago Regional Office**

160 N. La Salle Street  
Suite S500  
Chicago, IL 60601  
Phone: (312) 793-5900  
Fax: (312) 793-4311

**Springfield Regional Office**

521 Stratton Building  
401 S. Spring Street  
Springfield, IL 62706  
Phone: (217) 785-1540  
Fax: (217) 524-0088

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) 341-0295

**Central Illinois**

1 West Old Capitol Plaza, Suite 816  
Springfield, IL 62701O Box 276  
(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)

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

\_\_\_\_\_  
Title

Check here if individual refuses to sign

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Witness' signature (required only if individual refuses to sign)