



RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES 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 Voluntary (MH-2) or Administrative (DD-1) application. If you are here involuntarily, look on the back of the Petition for Involuntary/Judicial Admission (MHDD-5), 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 disabilities' 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.

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.



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RESTRAINTS

Restraints may be used only to protect you from physically harming yourself or others, or as a part of a medical or surgical procedure.

SECLUSION

Seclusion will only be used to prevent you from physically harming yourself or others. Seclusion shall not be used if you reside on a developmental disabilities unit.

**EMERGENCY MEDICATION
ELECTRO CONVULSIVE THERAPY
RESTRAINT SECLUSION**

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, restraint and seclusion. 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 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:

Egyptian Regional Office
#7 Cottage Drive
Anna, Illinois 62906
618/833-4897

Peoria Regional Office
5407 North University, Suite 7
Peoria, Illinois 61614
309/693-5001

West Suburban Regional Office
P.O. Box 7009
Hines, Illinois 60141-7009
708/338-7500

North Suburban Regional Office
9511 Harrison Avenue, FA 101
Des Plaines, Illinois 60016
847/294-4265

East Central Regional Office
423 South Murray Road
Rantoul, Illinois 61866-2125
217/892-4611

Rockford Regional Office
4302 North Main Street
Rockford, Illinois 61103
815/987-7657

Metro East Regional Office
Pine Cottage
4500 College Avenue
Alton, Illinois 62005
618/462-4561

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)