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 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
You have a right to communicate with other people in private, without obstruction, or censorship. Mail/telephone calls/visits 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.
RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES

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.

RERAINTS
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
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
If your rights are restricted, the facility must notify:
- your parent or guardian, if you are under age 18;
- 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
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

________________________
Title

________________________
Date and Time

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