

Mason L. Kelly, LCSW
8553 S. Stony Island Ave., FL 1
Chicago, Illinois 60617
(773) 972-3577

Client Rights

When you receive mental health services, your rights are guaranteed by 405 ILCS 5 of the Illinois Mental Health and Developmental Disabilities Code, the Constitution of the State of Illinois, the Federal Government enacted Health Insurance Portability and Accountability act (HIPPA), the United States of America, and other provisions of the law.

Under the Federal law, 42 CFR Part 2, no records of information related to substance abuse treatment may be disclosed without specific client consent or a court order.

Limitations to your rights must be entered into your treatment record, and must be periodically reviewed. When you are first accepted for services, you or your guardian must be given this summary of your rights.

CIVIL RIGHTS

1. You have the right to be treated with dignity and respect without prejudice toward race, color, religion, gender, sexual preference, sexual orientation, gender identity, gender expression, age, marital status, national origin, physical and/or mental disability, and Vietnam-era veteran status.
2. You retain all rights, benefits, and privileges guaranteed by law.
3. You continue to have the right to vote in all elections, make contracts, make a will, hold or transfer property, marry, have a driver's license, and manage your own affairs.
4. You are considered legally competent unless there has been a court decision of incompetence.

TREATMENT RIGHTS

1. You have a right to Individualized Treatment Care Plan, which will be reviewed with you at least twice a year.
2. You have the right to have your treatment record and all information about you kept confidential as guaranteed by the Illinois Health and Developmental Disabilities Confidentiality Act (740 ILCS 110) except when state law requires disclosure.
3. You have the right to privileged communications with those who examine or treat you: information you provide may not be disclosed unless you or your guardian agrees in writing, or unless allowed by law.
4. Your condition or illness will be explained to you in a way you can understand.

PERSONAL RIGHTS

1. You have the right to be protected from neglect and/or verbal, sexual, or physical abuse. This humiliation and retaliation. If abused, you may seek court intervention.
2. You have the right to refuse to be fingerprinted or photographed by still, motion picture, or video cameras, unless you or your guardian give written consent.
3. You have the right to file grievance report if you think any of your rights guaranteed by the Mental Health Code have been violated.
4. You have the right to receive assistance through a rights advisor or an office for recipient rights.
5. You have the right to be protected from the use of seclusion.
6. You have the right to be free from exploitation.
7. You have the right to be provided mental health services in the least restrictive setting.

HOW TO REPORT VIOLATIONS OF YOUR RIGHTS

If you think your rights have been violated, you or your guardian can notify and file a grievance with the following agencies:

Equip for Equality
11 East Adams, Suite 1200
Chicago, Illinois 60603
(312) 341-0022
TTY: (312) 341-0022

Illinois Department of Children and Family Services
100 West Randolph
Chicago, Illinois 60601
(312) 814-6800

Protection and Advocacy, Inc.
427 East Monroe Street
Springfield, Illinois 62701
(217) 544-0464

Department of Mental Health &
Developmental Disabilities
160 North LaSalle
Chicago, Illinois 60601
(312) 814-2735

I, _____ hereby attest that I have explained the aforementioned
(therapist's signature) rights to the client(s) listed below and the client(s)
communicated that they fully Understand these rights.

Please sign below indicating that you discussed these rights on the following dates, and received a copy.

Client name (Printed)	Client Signature	Initial & Date (1 st year)
Parent/Guardian Signature	Date	Initial & Date (2 nd year)
Witness	Date	Initial & Date (3 rd year)