

96TH GENERAL ASSEMBLY State of Illinois 2009 and 2010 HB3981

Introduced 2/26/2009, by Rep. David R. Leitch

SYNOPSIS AS INTRODUCED:

See Index

Amends the Mental Health and Developmental Disabilities Code and the Mental Health and Developmental Disabilities Confidentiality Act. Changes the definition of "dangerous conduct" to mean threatening behavior or conduct that places another individual or the person engaging in the behavior or conduct (rather than places another individual) in reasonable expectation of being harmed, or a person's inability to provide, without the assistance of family or outside help, for his or her basic physical needs so as to quard himself or herself from serious harm. Extends the lists of possible medical practitioners who must examine a person subject to an involuntary admission petition and execute a certificate stating and immediate hospitalization involuntary admission appropriate, to include a psychiatrist (rather than a physician, qualified examiner, or clinical psychologist only). Contains provisions regarding the amount of time a mental health facility can temporarily detain a person for examination; the situations under which a person can be released from a mental health facility following the initial examination period and the court filing of a certificate stating whether involuntary admission and immediate hospitalization is appropriate; additional persons who are entitled to inspect and copy an admitted person's mental health records; additional agencies that may disclose a person's mental health records and communications to other agencies; and other matters. Effective immediately.

LRB096 08707 KTG 18838 b

FISCAL NOTE ACT MAY APPLY

1 AN ACT concerning health.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- 4 Section 5. The Mental Health and Developmental
- 5 Disabilities Code is amended by changing Sections 1-104.5,
- 6 3-602, 3-603, 3-607, 3-610, 3-702, and 3-703 as follows:
- 7 (405 ILCS 5/1-104.5)
- 8 Sec. 1-104.5. "Dangerous conduct" means threatening
- 9 behavior or conduct that places another individual or the
- 10 person engaging in the behavior or conduct, in reasonable
- 11 expectation of being harmed, or a person's inability to
- 12 provide, without the assistance of family or outside help, for
- his or her basic physical needs so as to quard himself or
- 14 herself from serious harm.
- 15 (Source: P.A. 95-602, eff. 6-1-08.)
- 16 (405 ILCS 5/3-602) (from Ch. 91 1/2, par. 3-602)
- 17 Sec. 3-602. The petition shall be accompanied by a
- 18 certificate executed by a physician, qualified examiner,
- 19 psychiatrist, or clinical psychologist which states that the
- 20 respondent is subject to involuntary admission and requires
- 21 immediate hospitalization. The certificate shall indicate that
- 22 the physician, qualified examiner, psychiatrist, or clinical

- 1 psychologist personally examined the respondent not more than
- 2 72 hours prior to admission. It shall also contain the
- 3 physician's, qualified examiner's, psychiatrist, or clinical
- 4 psychologist's clinical observations, other factual
- 5 information relied upon in reaching a diagnosis, and a
- 6 statement as to whether the respondent was advised of his
- 7 rights under Section 3-208.
- 8 (Source: P.A. 80-1414.)
- 9 (405 ILCS 5/3-603) (from Ch. 91 1/2, par. 3-603)
- 10 Sec. 3-603. (a) If no physician, qualified examiner,
- 11 psychiatrist, or clinical psychologist is immediately
- 12 available or it is not possible after a diligent effort to
- obtain the certificate provided for in Section 3-602, the
- 14 respondent may be detained for examination in a mental health
- 15 facility upon presentation of the petition alone pending the
- obtaining of such a certificate.
- 17 (b) In such instance the petition shall conform to the
- 18 requirements of Section 3-601 and further specify that:
- 1. the petitioner believes, as a result of his personal
- observation, that the respondent is subject to involuntary
- 21 admission;
- 22 2. a diligent effort was made to obtain a certificate;
- 3. no physician, qualified examiner, <u>psychiatrist</u>, or
- 24 clinical psychologist could be found who has examined or
- could examine the respondent; and

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4. a diligent effort has been made to convince the respondent to appear voluntarily for examination by a physician, qualified examiner, psychiatrist, or clinical psychologist, unless the petitioner reasonably believes that effort would impose a risk of harm to the respondent or others.

7 (Source: P.A. 91-726, eff. 6-2-00; 91-837, eff. 6-16-00; 92-16, eff. 6-28-01.)

9 (405 ILCS 5/3-607) (from Ch. 91 1/2, par. 3-607)

Sec. 3-607. Court ordered temporary detention and examination. When, as a result of personal observation and testimony in open court, any court has reasonable grounds to believe that a person appearing before it is subject to involuntary admission and in need of immediate hospitalization to protect such person or others from physical harm, the court may enter an order for the temporary detention and examination of such person. The order shall set forth in detail the facts which are the basis for its conclusion. The court may order a peace officer to take the person into custody and transport him to a mental health facility. The person may be detained for examination for no more than 24 hours to determine whether or not she or he is subject to involuntary admission and in need of immediate hospitalization. If a petition and certificate, as provided in this Article, are executed within the 24 hours, the person may be admitted provided that the certificate states

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1 that the person is both subject to involuntary admission and in need of immediate hospitalization. If the certificate states 2 3 that the person is subject to involuntary admission but not in need of immediate hospitalization, the person may remain in his 4 5 or her place of residence pending a hearing on the petition unless he or she voluntarily agrees to inpatient treatment. and 6 7 the The provisions of this Article shall apply to all petitions and certificates executed pursuant to this Section. If no 8 9 petition or certificate is executed, the person shall be 10 released.

(Source: P.A. 91-726, eff. 6-2-00.)

12 (405 ILCS 5/3-610) (from Ch. 91 1/2, par. 3-610)

Sec. 3-610. As soon as possible but not later than 24 hours, excluding Saturdays, Sundays and holidays, after admission of a respondent pursuant to this Article, the respondent shall be examined by a psychiatrist. The psychiatrist may be a member of the staff of the facility but shall not be the person who executed the first certificate. If a certificate has already been completed by a psychiatrist following the respondent's admission, the respondent shall be examined by another psychiatrist or by a physician, clinical psychologist, or qualified examiner. If, as a result of this second examination, a certificate is executed, the certificate shall be promptly filed with the court. If the certificate states that the respondent is subject to involuntary admission

- 1 but not in need of immediate hospitalization, the respondent
- 2 may remain in his or her place of residence pending a hearing
- 3 on the petition unless he or she voluntarily agrees to
- 4 inpatient treatment. If the respondent is not examined or if
- 5 the psychiatrist, physician, clinical psychologist, or
- 6 qualified examiner does not execute a certificate pursuant to
- 7 Section 3-602, the respondent shall be released forthwith.
- 8 (Source: P.A. 80-1414.)
- 9 (405 ILCS 5/3-702) (from Ch. 91 1/2, par. 3-702)
- 10 Sec. 3-702. (a) The petition may be accompanied by the
- 11 certificate of a physician, qualified examiner, psychiatrist,
- or clinical psychologist which certifies that the respondent is
- 13 subject to involuntary admission and which contains the other
- information specified in Section 3-602.
- 15 (b) Upon receipt of the petition either with or without a
- 16 certificate, if the court finds the documents are in order, it
- may make such orders pursuant to Section 3-703 as are necessary
- 18 to provide for examination of the respondent. If the petition
- is not accompanied by 2 certificates executed pursuant to
- 20 Section 3-703, the court may order the respondent to present
- 21 himself for examination at a time and place designated by the
- 22 court. If the petition is accompanied by 2 certificates
- executed pursuant to Section 3-703 and the court finds the
- documents are in order, it shall set the matter for hearing.
- 25 (Source: P.A. 91-726, eff. 6-2-00.)

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1 (405 ILCS 5/3-703) (from Ch. 91 1/2, par. 3-703)

Sec. 3-703. If no certificate was filed, the respondent shall be examined separately by a physician, or clinical psychologist, or qualified examiner and by a psychiatrist. If a certificate executed by a psychiatrist was filed, respondent shall be examined by a physician, clinical psychologist, qualified examiner, or psychiatrist. certificate executed by a qualified examiner, clinical psychologist, or a physician who is not a psychiatrist was filed, the respondent shall be examined by a psychiatrist. The examining physician, clinical psychologist, qualified examiner or psychiatrist may interview by telephone or in person any witnesses or other persons listed in the petition for involuntary admission. If, as a result of an examination, a certificate is executed, the certificate shall be promptly filed with the court. If a certificate is executed, the examining physician, clinical psychologist, qualified examiner or psychiatrist may also submit for filing with the court a report in which his findings are described in detail, and may rely upon such findings for his opinion that the respondent is subject to involuntary admission. Copies of the certificates shall be made available to the attorneys for the parties upon request prior to the hearing. A certificate prepared in compliance with this Article shall state whether or not the respondent is in need of immediate hospitalization. However, if

- 1 both the certificates state that the respondent is not in need
- 2 of immediate hospitalization, the respondent may remain in his
- 3 or her place of residence pending a hearing on the petition
- unless he or she voluntarily agrees to inpatient treatment. 4
- 5 (Source: P.A. 85-558.)
- 6 Section 10. The Mental Health and Developmental
- 7 Disabilities Confidentiality Act is amended by changing
- 8 Sections 4, 9.2, and 10 as follows:
- 9 (740 ILCS 110/4) (from Ch. 91 1/2, par. 804)
- 10 Sec. 4. (a) The following persons shall be entitled, upon
- request, to inspect and copy a recipient's record or any part 11
- thereof: 12

- 13 (1) the parent or quardian of a recipient who is under
- 14 12 years of age;
- 15 (2) the recipient if he is 12 years of age or older;
- (3) the parent or guardian of a recipient who is at
- least 12 but under 18 years, if the recipient is informed 17
- 18 and does not object or if the therapist does not find that
- there are compelling reasons for denying the access. The 19
- 20 parent or quardian who is denied access by either the
- 21 recipient or the therapist may petition a court for access
- 22 to the record. Nothing in this paragraph is intended to
- 23 prohibit the parent or guardian of a recipient who is at
- least 12 but under 18 years from requesting and receiving 24

the	follow	ing	infor	mation:	curre	ent p	hysical	and	mental
cond	lition,	diag	gnosis	, treatm	ent ne	eeds,	service	es pr	ovided,
and	service	es ne	eded,	includir	ng med:	icati	on, if a	ny;	

- (4) the guardian of a recipient who is 18 years or older;
- (5) an attorney or guardian ad litem who represents a minor 12 years of age or older in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting the attorney this right; or
- (6) an agent appointed under a recipient's power of attorney for health care or for property, when the power of attorney authorizes the access.
- (7) an attorney-in-fact appointed under the Mental Health Treatment Preference Declaration Act; or
- (8) any person in whose care and custody the recipient has been placed pursuant to Section 3-811 of the Mental Health and Developmental Disabilities Code.
- (b) Assistance in interpreting the record may be provided without charge and shall be provided if the person inspecting the record is under 18 years of age. However, access may in no way be denied or limited if the person inspecting the record refuses the assistance. A reasonable fee may be charged for duplication of a record. However, when requested to do so in writing by any indigent recipient, the custodian of the records shall provide at no charge to the recipient, or to the

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- Guardianship and Advocacy Commission, the agency designated by 1 2 the Governor under Section 1 of the Protection and Advocacy for 3 Developmentally Disabled Persons Act or to any other not-for-profit agency whose primary purpose is to provide free 5 legal services or advocacy for the indigent and who has 6 received written authorization from the recipient under 7 Section 5 of this Act to receive his records, one copy of any 8 records in its possession whose disclosure is authorized under 9 this Act.
 - (c) Any person entitled to access to a record under this Section may submit a written statement concerning any disputed or new information, which statement shall be entered into the record. Whenever any disputed part of a record is disclosed, any submitted statement relating thereto shall accompany the disclosed part. Additionally, any person entitled to access may request modification of any part of the record which he believes is incorrect or misleading. If the request is refused, the person may seek a court order to compel modification.
- 19 (d) Whenever access or modification is requested, the 20 request and any action taken thereon shall be noted in the 21 recipient's record.
- 22 (Source: P.A. 88-484; 89-439, eff. 6-1-96.)
- 23 (740 ILCS 110/9.2)
- Sec. 9.2. Interagency disclosure of recipient information.
- 25 For the purposes of continuity of care, the Department of Human

Services (as successor to the Department of Mental Health and 1 Developmental Disabilities), community agencies funded by the 2 3 Department of Human Services in that capacity, licensed private hospitals receiving payments from the Department of Human 4 5 Services or the Department of Healthcare and Family Services, 6 State correctional facilities prisons operated by the 7 Department of Corrections, mental health facilities operated 8 by a county, and jails operated by any county of this State may 9 disclose a recipient's record or communications, without 10 consent, to each other, but only for the purpose of admission, 11 treatment, planning, or discharge. Entities shall not 12 redisclose any personally identifiable information, unless 13 necessary for admission, treatment, planning, or discharge of 14 the identified recipient to another setting. No records or 15 communications may be disclosed to a county jail or State 16 correctional facility prison pursuant to this Section unless 17 the Department has entered into a written agreement with the county jail or State correctional facility prison requiring 18 19 that the county jail or State correctional facilities prison 20 adopt written policies and procedures designed to ensure that the records and communications are disclosed only to those 21 22 persons employed by or under contract to the county jail or 23 State correctional facility prison who are involved in the provision of mental health services to inmates and that the 24 25 and communications are protected from records 26 disclosure.

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1 (Source: P.A. 94-182, eff. 7-12-05.)

2 (740 ILCS 110/10) (from Ch. 91 1/2, par. 810)

Sec. 10. (a) Except as provided herein, in any civil, criminal, administrative, or legislative proceeding, or in any proceeding preliminary thereto, a recipient, and a therapist on behalf and in the interest of a recipient, has the privilege to refuse to disclose and to prevent the disclosure of the recipient's record or communications.

(1) Records and communications may be disclosed in a civil, criminal or administrative proceeding in which the recipient introduces his mental condition or any aspect of his services received for such condition as an element of his claim or defense, if and only to the extent the court in which the proceedings have been brought, or, in the case of an administrative proceeding, the court to which an appeal or other action for review of an administrative determination may be taken, finds, after in camera examination of testimony or other evidence, that it is relevant, probative, not unduly prejudicial inflammatory, and otherwise clearly admissible; that other satisfactory evidence is demonstrably unsatisfactory as evidence of the facts sought to be established by such evidence; and that disclosure is more important to the interests of substantial justice than protection from injury to the therapist-recipient relationship or to the

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recipient or other whom disclosure is likely to harm. Except in a criminal proceeding in which the recipient, who is accused in that proceeding, raises the defense of insanity, no record or communication between a therapist and a recipient shall be deemed relevant for purposes of this subsection, except the fact of treatment, the cost of services and the ultimate diagnosis unless the party disclosure of the communication seeking clearly establishes in the trial court a compelling need for its production. However, for purposes of this Act, in any action brought or defended under the Illinois Marriage and Dissolution of Marriage Act, or in any action in which pain and suffering is an element of the claim, mental condition shall not be deemed to be introduced merely by making such claim and shall be deemed to be introduced only if the recipient or a witness on his behalf first testifies concerning the record or communication.

(2) Records or communications may be disclosed in a civil proceeding after the recipient's death when the recipient's physical or mental condition has been introduced as an element of a claim or defense by any party claiming or defending through or as a beneficiary of the recipient, provided the court finds, after in camera examination of the evidence, that it is relevant, probative, and otherwise clearly admissible; that other satisfactory evidence is not available regarding the facts

sought to be established by such evidence; and that disclosure is more important to the interests of substantial justice than protection from any injury which disclosure is likely to cause.

- (3) In the event of a claim made or an action filed by a recipient, or, following the recipient's death, by any party claiming as a beneficiary of the recipient for injury caused in the course of providing services to such recipient, the therapist and other persons whose actions are alleged to have been the cause of injury may disclose pertinent records and communications to an attorney or attorneys engaged to render advice about and to provide representation in connection with such matter and to persons working under the supervision of such attorney or attorneys, and may testify as to such records or communication in any administrative, judicial or discovery proceeding for the purpose of preparing and presenting a defense against such claim or action.
- (4) Records and communications made to or by a therapist in the course of examination ordered by a court for good cause shown may, if otherwise relevant and admissible, be disclosed in a civil, criminal, or administrative proceeding in which the recipient is a party or in appropriate pretrial proceedings, provided such court has found that the recipient has been as adequately and as effectively as possible informed before submitting

to such examination that such records and communications would not be considered confidential or privileged. Such records and communications shall be admissible only as to issues involving the recipient's physical or mental condition and only to the extent that these are germane to such proceedings.

- (5) Records and communications may be disclosed in a proceeding under the Probate Act of 1975, to determine a recipient's competency or need for guardianship, provided that the disclosure is made only with respect to that issue.
- (6) Records and communications may be disclosed when such are made during treatment which the recipient is ordered to undergo to render him fit to stand trial on a criminal charge, provided that the disclosure is made only with respect to the issue of fitness to stand trial.
- (7) Records and communications of the recipient may be disclosed in any civil or administrative proceeding involving the validity of or benefits under a life, accident, health or disability insurance policy or certificate, or Health Care Service Plan Contract, insuring the recipient, but only if and to the extent that the recipient's mental condition, or treatment or services in connection therewith, is a material element of any claim or defense of any party, provided that information sought or disclosed shall not be redisclosed except in connection

with the proceeding in which disclosure is made.

- (8) Records or communications may be disclosed when such are relevant to a matter in issue in any action brought under this Act and proceedings preliminary thereto, provided that any information so disclosed shall not be utilized for any other purpose nor be redisclosed except in connection with such action or preliminary proceedings.
- (9) Records and communications of the recipient may be disclosed in investigations of and trials for homicide when the disclosure relates directly to the fact or immediate circumstances of the homicide.
- (10) Records and communications of a deceased recipient may be disclosed to a coroner conducting a preliminary investigation into the recipient's death under Section 3-3013 of the Counties Code. However, records and communications of the deceased recipient disclosed in an investigation shall be limited solely to the deceased recipient's records and communications relating to the factual circumstances of the incident being investigated in a mental health facility.
- (11) Records and communications of a recipient shall be disclosed in a proceeding where a petition or motion is filed under the Juvenile Court Act of 1987 and the recipient is named as a parent, guardian, or legal custodian of a minor who is the subject of a petition for

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wardship as described in Section 2-3 of that Act or a minor who is the subject of a petition for wardship as described in Section 2-4 of that Act alleging the minor is abused, neglected, or dependent or the recipient is named as a parent of a child who is the subject of a petition, supplemental petition, or motion to appoint a guardian with the power to consent to adoption under Section 2-29 of the Juvenile Court Act of 1987.

- (12) Records and communications of a recipient may be disclosed when disclosure is necessary to collect sums or receive third party payment representing charges for health or developmental disabilities mental services provided by a therapist or agency to a recipient; however, disclosure shall be limited to information needed to pursue collection, and the information so disclosed may not be used for any other purposes nor may it be redisclosed except in connection with collection activities. Whenever records are disclosed pursuant to this subdivision (12), the recipient of the records shall be advised in writing that any person who discloses mental health records and communications in violation of this Act may be subject to civil liability pursuant to Section 15 of this Act or to criminal penalties pursuant to Section 16 of this Act or both.
- (b) Before a disclosure is made under subsection (a), any party to the proceeding or any other interested person may

request an in camera review of the record or communications to be disclosed. The court or agency conducting the proceeding may hold an in camera review on its own motion. When, contrary to the express wish of the recipient, the therapist asserts a privilege on behalf and in the interest of a recipient, the court may require that the therapist, in an in camera hearing, establish that disclosure is not in the best interest of the recipient. The court or agency may prevent disclosure or limit disclosure to the extent that other admissible evidence is sufficient to establish the facts in issue. The court or agency may enter such orders as may be necessary in order to protect the confidentiality, privacy, and safety of the recipient or of other persons. Any order to disclose or to not disclose shall be considered a final order for purposes of appeal and shall be subject to interlocutory appeal.

(c) A recipient's records and communications may be disclosed to a duly authorized committee, commission or subcommittee of the General Assembly which possesses subpoena and hearing powers, upon a written request approved by a majority vote of the committee, commission or subcommittee members. The committee, commission or subcommittee may request records only for the purposes of investigating or studying possible violations of recipient rights. The request shall state the purpose for which disclosure is sought.

The facility shall notify the recipient, or his guardian, and therapist in writing of any disclosure request under this

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subsection within 5 business days after such request. Such notification shall also inform the recipient, or guardian, and therapist of their right to object to the disclosure within 10 business days after receipt of the notification and shall include the name, address and telephone number of the committee, commission or subcommittee member or staff person with whom an objection shall be filed. If no objection has been filed within 15 business days after the request for disclosure, the facility shall disclose the records and communications to the committee, commission or subcommittee. If an objection has been filed within 15 business days after the request for disclosure, the facility shall disclose the records and communications only after the committee, commission or subcommittee has permitted the recipient, quardian therapist to present his objection in person before it and has renewed its request for disclosure by a majority vote of its members.

Disclosure under this subsection shall not occur until all personally identifiable data of the recipient and provider are removed from the records and communications. Disclosure under this subsection shall not occur in any public proceeding.

(d) No party to any proceeding described under paragraphs (1), (2), (3), (4), (7), or (8) of subsection (a) of this Section, nor his or her attorney, shall serve a subpoena seeking to obtain access to records or communications under this Act unless the subpoena is accompanied by a written order

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issued by a judge, authorizing the disclosure of the records or the issuance of the subpoena. No such written order shall be issued without written notice of the motion to the recipient and the treatment provider. Prior to issuance of the order, each party or other person entitled to notice shall be permitted an opportunity to be heard pursuant to subsection (b) of this Section. No person shall comply with a subpoena for records or communications under this Act, unless the subpoena is accompanied by a written order authorizing the issuance of the subpoena or the disclosure of the records. Each subpoena duces tecum issued by a court or administrative agency or served on any person pursuant to this subsection (d) shall include the following language: "No person shall comply with a subpoena for mental health records or communications pursuant to Section 10 of the Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/10, unless the subpoena is accompanied by a written order that authorizes the issuance of the subpoena and the disclosure of records or communications."

(e) When a person has been transported by a peace officer to a mental health facility, then upon the request of a peace officer, if the person is allowed to leave the mental health facility within 48 hours of arrival, excluding Saturdays, Sundays, and holidays, the facility director shall notify the local law enforcement authority prior to the release of the person. The local law enforcement authority may re-disclose the

- information as necessary to alert the appropriate enforcement or prosecuting authority.
- (f) A recipient's records and communications shall be 3 disclosed to the Inspector General of the Department of Human 4 5 Services within 10 business days of a request by the Inspector 6 General (i) in the course of an investigation authorized by the Abused and Neglected Long Term Care Facility Residents 7 8 Reporting Act and applicable rule or (ii) during the course of 9 assessment authorized by the Abuse of Adults with 10 Disabilities Intervention Act and applicable rule. The request 11 shall be in writing and signed by the Inspector General or his 12 or her designee. The request shall state the purpose for which 13 disclosure is sought. Any person who knowingly and willfully refuses to comply with such a request is guilty of a Class A 14 15 misdemeanor.
- 16 (Source: P.A. 92-358, eff. 8-15-01; 92-708, eff. 7-19-02;
- 17 93-751, eff. 7-15-04.)
- Section 99. Effective date. This Act takes effect upon becoming law.

HB3981

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