

97TH GENERAL ASSEMBLY State of Illinois 2011 and 2012 HB4623

Introduced 2/1/2012, by Rep. Patricia R. Bellock

SYNOPSIS AS INTRODUCED:

See Index

Amends the Mental Health and Developmental Disabilities Code. Provides that if the respondent is unable to obtain an examination, in a proceeding to determine whether he or she is subject to involuntary admission, the respondent may request that the court order an examination to be made by a physician, qualified examiner, clinical psychologist, or other expert. Provides that if the respondent is unable to obtain an examination, in a proceeding for the administration of psychotropic medication or electroconvulsive therapy, the respondent may request that the court order an examination to be made by an impartial psychiatrist. Provides that if the respondent is receiving treatment from the Department of Human Services, the examiner shall not be in the employ of the Department of Human Services. Provides that if the respondent is receiving treatment from a hospital that is not affiliated with the Department of Human Services, the examiner shall not be in the employ of such hospital. Provides that if the respondent is in a hospital, the examiner shall be given direct access to the respondent in order to perform the examination. Amends the Mental Health and Developmental Disabilities Confidentiality Act. Provides that the Department of Human Services may disclose records or communications of persons receiving care from the Department or under contract with the Department, without consent, to not-for-profit institutions of higher education engaged in research concerning the safety, effectiveness, or cost-effectiveness of mental health treatments. Effective immediately.

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FISCAL NOTE ACT MAY APPLY

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1 AN ACT concerning health.

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

- Section 5. The Mental Health and Developmental

 Disabilities Code is amended by changing Sections 3-804 and

 3-812 as follows:
- 7 (405 ILCS 5/3-804) (from Ch. 91 1/2, par. 3-804)
 - Sec. 3-804. The respondent is entitled to secure an independent examination by a physician, qualified examiner, clinical psychologist or other expert of his choice. If the respondent is unable to obtain an examination, in a proceeding to determine whether he or she is subject to involuntary admission, the respondent may request that the court order an examination to be made by a physician, qualified examiner, clinical psychologist, or other expert. If the respondent is unable to obtain an examination, in a proceeding under Section 2-107.1 of this Code, the respondent may request that the court order an examination to be made by an impartial psychiatrist. If the respondent is receiving treatment from the Department of Human Services, the examiner shall not be in the employ of the Department of Human Services. If the respondent is receiving treatment from a hospital that is not affiliated with the Department of Human Services, the examiner shall not be in the

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employ of such hospital. If the respondent is in a hospital, the examiner shall be given direct access to the respondent in order to perform the examination. he may request that the court order an examination to be made by an impartial medical expert pursuant to Supreme Court Rules or by a qualified examiner, clinical psychologist or other expert. Any such physician or other examiner, whether secured by the respondent or appointed by the court, may interview by telephone or in person any witnesses or other persons listed in the petition for involuntary admission. The physician or other examiner shall may submit to the court a report in which his findings are described in detail and the report shall be made available to the attorneys for the parties. Determination of compensation of the physician, qualified examiner, clinical psychologist or other expert shall be made by the Court. The fee of the examiner shall be paid by the respondent's county of residence unless the respondent is not a resident of the State of Illinois, in which case the fee shall be paid by the county in which the proceeding is pending and its payment shall be governed by Supreme Court Rule.

- 21 (Source: P.A. 85-558.)
- 22 (405 ILCS 5/3-812) (from Ch. 91 1/2, par. 3-812)
- Sec. 3-812. Court ordered admission on an outpatient basis;
- 24 modification; revocation.
- 25 (a) If a respondent is found subject to involuntary

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- 1 admission on an outpatient basis, the court may issue an order:
- 2 (i) placing the respondent in the care and custody of a
- 3 relative or other person willing and able to properly care for
- 4 him or her; or (ii) committing the respondent to alternative
- 5 treatment at a community mental health provider.
 - (b) An order placing the respondent in the care and custody of a relative or other person shall specify the powers and duties of the custodian. An order of care and custody entered pursuant to this Section may grant the custodian the authority to admit a respondent to a hospital if the respondent fails to comply with the conditions of the order. If necessary in order to obtain the hospitalization of the respondent, the custodian may apply to the court for an order authorizing an officer of the peace to take the respondent into custody and transport the respondent to a mental health facility the hospital specified in the agreed order. The provisions of Section 3-605 shall govern the transportation of the respondent to a mental health facility, except to the extent that those provisions are inconsistent with this Section. No person admitted to a hospital pursuant to this subsection shall be detained for longer than 24 hours, excluding Saturdays, Sundays, and holidays, unless, within that period, a petition for involuntary admission on an inpatient basis and a certificate supporting such petition have been filed as provided in Section 3-611.
 - (c) Alternative treatment shall not be ordered unless the

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program being considered is capable of providing adequate and humane treatment in the least restrictive setting which is appropriate to the respondent's condition. The court shall have continuing authority to modify an order for alternative treatment if the recipient fails to comply with the order or is otherwise found unsuitable for alternative treatment. Prior to modifying such an order, the court shall receive a report from the facility director of the program specifying why the alternative treatment is unsuitable. The recipient shall be notified and given an opportunity to respond when modification of the order for alternative treatment is considered. If the court determines that the respondent has violated the order for alternative treatment in the community or that alternative treatment in the community will no longer provide adequate assurances for the safety of the respondent or others, the court may revoke the order for alternative treatment in the community and may order a peace officer to take the recipient into custody and transport him to an inpatient mental health facility. The provisions of Section 3-605 shall govern the transportation of the respondent to a mental health facility, except to the extent that those provisions are inconsistent with this Section. No person admitted to a hospital pursuant to this subsection shall be detained for longer than 24 hours, excluding Saturdays, Sundays, and holidays, unless, that period, a petition for involuntary admission on an inpatient basis and a certificate supporting such petition have

- 1 been filed as provided in Section 3-611.
- 2 (Source: P.A. 96-1399, eff. 7-29-10; 96-1453, eff. 8-20-10.)
- 3 Section 10. The Mental Health and Developmental
- 4 Disabilities Confidentiality Act is amended by changing
- 5 Sections 9.1 and 10 as follows:
- 6 (740 ILCS 110/9.1) (from Ch. 91 1/2, par. 809.1)
- 7 Sec. 9.1. <u>(a)</u> The Department of Human Services, and other
- 8 agencies and institutions which provide services, may disclose
- 9 a recipient's record or communications, without consent, to the
- 10 Institute for Juvenile Research and the Institute for the Study
- of Developmental Disabilities for purposes of research,
- 12 education and treatment. The Institutes shall not redisclose
- any personally identifiable information, unless necessary for
- 14 treatment of the identified recipient.
- 15 (b) The Department of Human Services may disclose records
- or communications of persons receiving care from the Department
- or under contract with the Department, without consent, to
- 18 not-for-profit institutions of higher education engaged in
- 19 research concerning the safety, effectiveness, or
- 20 cost-effectiveness of mental health treatments, provided that
- 21 the Department has entered into a written agreement with the
- 22 persons or institutions to whom the records and communications
- are disclosed, which agreement shall provide that records and
- communications are used solely for the purpose of the research

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and that the records and communications are protected from further disclosure. The Department may refuse to disclose records or communications under this Section if, in its sole discretion, it determines that the identity of recipients or any of the records and communications will not be adequately protected. The Department shall promulgate rules concerning 7 the use of any records or communications disclosed under this Section, including but not limited to rules prohibiting further disclosure and compliance with all federal and State laws and regulations concerning the conduct of research.

(Source: P.A. 89-507, eff. 7-1-97.) 11

12 (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

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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 probative, not unduly prejudicial relevant, 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 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 of seeking disclosure the communication 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

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concerning the record or communication.

- (2) Records or communications may be disclosed in a civil proceeding after the recipient's death when the has recipient's physical or mental condition 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 important to the is more interests 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

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proceeding for the purpose of preparing and presenting a defense against such claim or action.

- 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 criminal, disclosed in a civil, administrative proceeding in which the recipient is a party 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 involving the recipient's physical or mental condition and only to the extent that these are germane to such proceedings. Nothing in this subsection shall be interpreted to permit the disclosure of records or communications made pursuant to Section 3-803 or 3-804 of the Mental Health and Developmental Disabilities Code, except as provided in clause (vi) of Section 11 of this Act.
- (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.

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- (6) Records and communications may be disclosed to a court-appointed therapist, psychologist, or psychiatrist for use in determining a person's fitness to stand trial if the records were made within the 180-day period immediately preceding the date of the therapist's, psychologist's or These psychiatrist's court appointment. records communications shall be admissible only as to the issue of fitness to stand trial. Records the person's 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 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,

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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 mental health or developmental disabilities 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 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

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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 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 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

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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 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

disclosed to the Inspector General of the Department of Human 1 2 Services within 10 business days of a request by the Inspector 3 General (i) in the course of an investigation authorized by the Department of Human Services Act and applicable rule or (ii) 4 5 during the course of an assessment authorized by the Abuse of 6 Adults with Disabilities Intervention Act and applicable rule. 7 The request shall be in writing and signed by the Inspector 8 General or his or her designee. The request shall state the 9 purpose for which disclosure is sought. Any person who 10 knowingly and willfully refuses to comply with such a request 11 is quilty of a Class A misdemeanor. A recipient's records and 12 communications shall also be disclosed pursuant to subsection 13 (q-5) of Section 1-17 of the Department of Human Services Act 14 in testimony at health care worker registry hearings or 15 preliminary proceedings when such are relevant to the matter in 16 issue, provided that any information so disclosed shall not be 17 utilized for any other purpose nor be redisclosed except in connection with such action or preliminary proceedings. 18 (Source: P.A. 96-406, eff. 8-13-09; 96-1399, eff. 7-29-10; 19

21 Section 99. Effective date. This Act takes effect upon 22 becoming law.

96-1453, eff. 8-20-10; 97-566, eff. 1-1-12.)

HB4623

740 ILCS 110/10

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from Ch. 91 1/2, par. 810