

**SB3034**



**104TH GENERAL ASSEMBLY**

**State of Illinois**

**2025 and 2026**

**SB3034**

Introduced 1/28/2026, by Sen. Celina Villanueva

**SYNOPSIS AS INTRODUCED:**

20 ILCS 301/30-5  
740 ILCS 110/7

from Ch. 91 1/2, par. 807

Amends the Substance Use Disorder Act. Provides that disclosure of nonexempt records protected under the Act may be disclosed for research activities under the Domestic Violence Fatality Review Act. Amends the Developmental Disabilities Confidentiality Act. Provides that staff and any designee of the Illinois Criminal Justice Information Authority, members of the Ad Hoc Statewide Domestic Violence Fatality Review Committee of the Illinois Criminal Justice Information Authority Board, and the regional domestic violence fatality review teams are entitled to receive, inspect, copy, and share HIV-related information of any person subject to a domestic violence fatality review as part of and in accordance with the provisions of the Domestic Violence Fatality Review Act. Provides that the information disclosed is subject to the confidentiality requirements of the Domestic Violence Fatality Review Act. Effective immediately.

LRB104 17922 JRC 31358 b

**A BILL FOR**

1 AN ACT concerning civil law.

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

4 Section 5. The Substance Use Disorder Act is amended by  
5 changing Section 30-5 as follows:

6 (20 ILCS 301/30-5)

7 Sec. 30-5. Patients' rights established.

8 (a) For purposes of this Section, "patient" means any  
9 person who is receiving or has received early intervention,  
10 treatment, or other recovery support services under this Act  
11 or any category of service licensed as "intervention" under  
12 this Act.

13 (b) No patient shall be deprived of any rights, benefits,  
14 or privileges guaranteed by law, the Constitution of the  
15 United States of America, or the Constitution of the State of  
16 Illinois solely because of his or her status as a patient.

17 (c) Persons who have substance use disorders who are also  
18 suffering from medical conditions shall not be discriminated  
19 against in admission or treatment by any hospital that  
20 receives support in any form supported in whole or in part by  
21 funds appropriated to any State department or agency.

22 (d) Every patient shall have impartial access to services  
23 without regard to race, religion, sex, ethnicity, age, sexual

1 orientation, gender identity, marital status, or other  
2 disability.

3 (e) Patients shall be permitted the free exercise of  
4 religion.

5 (f) Every patient's personal dignity shall be recognized  
6 in the provision of services, and a patient's personal privacy  
7 shall be assured and protected within the constraints of his  
8 or her individual treatment.

9 (g) Treatment services shall be provided in the least  
10 restrictive environment possible.

11 (h) Each patient receiving treatment services shall be  
12 provided an individual treatment plan, which shall be  
13 periodically reviewed and updated as mandated by  
14 administrative rule.

15 (i) Treatment shall be person-centered, meaning that every  
16 patient shall be permitted to participate in the planning of  
17 his or her total care and medical treatment to the extent that  
18 his or her condition permits.

19 (j) A person shall not be denied treatment solely because  
20 he or she has withdrawn from treatment against medical advice  
21 on a prior occasion or had prior treatment episodes.

22 (k) The patient in residential treatment shall be  
23 permitted visits by family and significant others, unless such  
24 visits are clinically contraindicated.

25 (l) A patient in residential treatment shall be allowed to  
26 conduct private telephone conversations with family and

1 friends unless clinically contraindicated.

2 (m) A patient in residential treatment shall be permitted  
3 to send and receive mail without hindrance, unless clinically  
4 contraindicated.

5 (n) A patient shall be permitted to manage his or her own  
6 financial affairs unless the patient or the patient's  
7 guardian, or if the patient is a minor, the patient's parent,  
8 authorizes another competent person to do so.

9 (o) A patient shall be permitted to request the opinion of  
10 a consultant at his or her own expense, or to request an  
11 in-house review of a treatment plan, as provided in the  
12 specific procedures of the provider. A treatment provider is  
13 not liable for the negligence of any consultant.

14 (p) Unless otherwise prohibited by State or federal law,  
15 every patient shall be permitted to obtain from his or her own  
16 physician, the treatment provider, or the treatment provider's  
17 consulting physician complete and current information  
18 concerning the nature of care, procedures, and treatment that  
19 he or she will receive.

20 (q) A patient shall be permitted to refuse to participate  
21 in any experimental research or medical procedure without  
22 compromising his or her access to other, non-experimental  
23 services. Before a patient is placed in an experimental  
24 research or medical procedure, the provider must first obtain  
25 his or her informed written consent or otherwise comply with  
26 the federal requirements regarding the protection of human

1 subjects contained in 45 CFR Part 46.

2 (r) All medical treatment and procedures shall be  
3 administered as ordered by a physician and in accordance with  
4 all Department rules.

5 (s) Every patient in treatment shall be permitted to  
6 refuse medical treatment and to know the consequences of such  
7 action. Such refusal by a patient shall free the treatment  
8 licensee from the obligation to provide the treatment.

9 (t) Unless otherwise prohibited by State or federal law,  
10 every patient, patient's guardian, or parent, if the patient  
11 is a minor, shall be permitted to inspect and copy all clinical  
12 and other records kept by the intervention or treatment  
13 licensee or by his or her physician concerning his or her care  
14 and maintenance. The licensee or physician may charge a  
15 reasonable fee for the duplication of a record.

16 (u) No owner, licensee, administrator, employee, or agent  
17 of a licensed intervention or treatment program shall abuse or  
18 neglect a patient. It is the duty of any individual who becomes  
19 aware of such abuse or neglect to report it to the Department  
20 immediately.

21 (v) The licensee may refuse access to any person if the  
22 actions of that person are or could be injurious to the health  
23 and safety of a patient or the licensee, or if the person seeks  
24 access for commercial purposes.

25 (w) All patients admitted to community-based treatment  
26 facilities shall be considered voluntary treatment patients

1 and such patients shall not be contained within a locked  
2 setting.

3 (x) Patients and their families or legal guardians shall  
4 have the right to present complaints to the provider or the  
5 Department concerning the quality of care provided to the  
6 patient, without threat of discharge or reprisal in any form  
7 or manner whatsoever. The complaint process and procedure  
8 shall be adopted by the Department by rule. The treatment  
9 provider shall have in place a mechanism for receiving and  
10 responding to such complaints, and shall inform the patient  
11 and the patient's family or legal guardian of this mechanism  
12 and how to use it. The provider shall analyze any complaint  
13 received and, when indicated, take appropriate corrective  
14 action. Every patient and his or her family member or legal  
15 guardian who makes a complaint shall receive a timely response  
16 from the provider that substantively addresses the complaint.  
17 The provider shall inform the patient and the patient's family  
18 or legal guardian about other sources of assistance if the  
19 provider has not resolved the complaint to the satisfaction of  
20 the patient or the patient's family or legal guardian.

21 (y) A patient may refuse to perform labor at a program  
22 unless such labor is a part of the patient's individual  
23 treatment plan as documented in the patient's clinical record.

24 (z) A person who is in need of services may apply for  
25 voluntary admission in the manner and with the rights provided  
26 for under regulations promulgated by the Department. If a

1 person is refused admission, then staff, subject to rules  
2 promulgated by the Department, shall refer the person to  
3 another facility or to other appropriate services.

4 (aa) No patient shall be denied services based solely on  
5 HIV status. Further, records and information governed by the  
6 AIDS Confidentiality Act and the AIDS Confidentiality and  
7 Testing Code (77 Ill. Adm. Code 697) shall be maintained in  
8 accordance therewith.

9 (bb) Records of the identity, diagnosis, prognosis or  
10 treatment of any patient maintained in connection with the  
11 performance of any service or activity relating to substance  
12 use disorder education, early intervention, intervention,  
13 training, or treatment that is regulated, authorized, or  
14 directly or indirectly assisted by any Department or agency of  
15 this State or under any provision of this Act shall be  
16 confidential and may be disclosed only in accordance with the  
17 provisions of federal law and regulations concerning the  
18 confidentiality of substance use disorder patient records as  
19 contained in 42 U.S.C. Sections 290dd-2 and 42 CFR Part 2, or  
20 any successor federal statute or regulation.

21 (1) The following are exempt from the confidentiality  
22 protections set forth in 42 CFR Section 2.12(c):

23 (A) Veteran's Administration records.

24 (B) Information obtained by the Armed Forces.

25 (C) Information given to qualified service  
26 organizations.

1 (D) Communications within a program or between a  
2 program and an entity having direct administrative  
3 control over that program.

4 (E) Information given to law enforcement personnel  
5 investigating a patient's commission of a crime on the  
6 program premises or against program personnel.

7 (F) Reports under State law of incidents of  
8 suspected child abuse and neglect; however,  
9 confidentiality restrictions continue to apply to the  
10 records and any follow-up information for disclosure  
11 and use in civil or criminal proceedings arising from  
12 the report of suspected abuse or neglect.

13 (2) If the information is not exempt, a disclosure can  
14 be made only under the following circumstances:

15 (A) With patient consent as set forth in 42 CFR  
16 Sections 2.1(b)(1) and 2.31, and as consistent with  
17 pertinent State law.

18 (B) For medical emergencies as set forth in 42 CFR  
19 Sections 2.1(b)(2) and 2.51.

20 (C) For research activities as set forth in 42 CFR  
21 Sections 2.1(b)(2) and 2.52 and the Domestic Violence  
22 Fatality Review Act.

23 (D) For audit evaluation activities as set forth  
24 in 42 CFR Section 2.53.

25 (E) With a court order as set forth in 42 CFR  
26 Sections 2.61 through 2.67.

1           (3) The restrictions on disclosure and use of patient  
2 information apply whether the holder of the information  
3 already has it, has other means of obtaining it, is a law  
4 enforcement or other official, has obtained a subpoena, or  
5 asserts any other justification for a disclosure or use  
6 that is not permitted by 42 CFR Part 2. Any court orders  
7 authorizing disclosure of patient records under this Act  
8 must comply with the procedures and criteria set forth in  
9 42 CFR Sections 2.64 and 2.65. Except as authorized by a  
10 court order granted under this Section, no record referred  
11 to in this Section may be used to initiate or substantiate  
12 any charges against a patient or to conduct any  
13 investigation of a patient.

14           (4) The prohibitions of this subsection shall apply to  
15 records concerning any person who has been a patient,  
16 regardless of whether or when the person ceases to be a  
17 patient.

18           (5) Any person who discloses the content of any record  
19 referred to in this Section except as authorized shall,  
20 upon conviction, be guilty of a Class A misdemeanor.

21           (6) The Department shall prescribe regulations to  
22 carry out the purposes of this subsection. These  
23 regulations may contain such definitions, and may provide  
24 for such safeguards and procedures, including procedures  
25 and criteria for the issuance and scope of court orders,  
26 as in the judgment of the Department are necessary or

1 proper to effectuate the purposes of this Section, to  
2 prevent circumvention or evasion thereof, or to facilitate  
3 compliance therewith.

4 (cc) Each patient shall be given a written explanation of  
5 all the rights enumerated in this Section and a copy, signed by  
6 the patient, shall be kept in every patient record. If a  
7 patient is unable to read such written explanation, it shall  
8 be read to the patient in a language that the patient  
9 understands. A copy of all the rights enumerated in this  
10 Section shall be posted in a conspicuous place within the  
11 program where it may readily be seen and read by program  
12 patients and visitors.

13 (dd) The program shall ensure that its staff is familiar  
14 with and observes the rights and responsibilities enumerated  
15 in this Section.

16 (ee) Licensed organizations shall comply with the right of  
17 any adolescent to consent to treatment without approval of the  
18 parent or legal guardian in accordance with the Consent by  
19 Minors to Health Care Services Act.

20 (ff) At the point of admission for services, licensed  
21 organizations must obtain written informed consent, as defined  
22 in Section 1-10 and in administrative rule, from each client,  
23 patient, or legal guardian.

24 (Source: P.A. 102-813, eff. 5-13-22.)

25 Section 10. The Mental Health and Developmental

1 Disabilities Confidentiality Act is amended by changing  
2 Section 7 as follows:

3 (740 ILCS 110/7) (from Ch. 91 1/2, par. 807)

4 Sec. 7. Review of therapist or agency; use of recipient's  
5 record.

6 (a) When a therapist or agency which provides services is  
7 being reviewed for purposes of licensure, statistical  
8 compilation, research, evaluation, or other similar purpose, a  
9 recipient's record may be used by the person conducting the  
10 review to the extent that this is necessary to accomplish the  
11 purpose of the review, provided that personally identifiable  
12 data is removed from the record before use. Personally  
13 identifiable data may be disclosed only in accordance with  
14 Section 5 of this Act. Licensure and the like may not be  
15 withheld or withdrawn for failure to disclose personally  
16 identifiable data if consent is not obtained.

17 (b) When an agency which provides services is being  
18 reviewed for purposes of funding, accreditation, reimbursement  
19 or audit by a State or federal agency or accrediting body, a  
20 recipient's record may be used by the person conducting the  
21 review and personally identifiable information may be  
22 disclosed without consent, provided that the personally  
23 identifiable information is necessary to accomplish the  
24 purpose of the review.

25 For the purpose of this subsection, an inspection

1 investigation or site visit by the United States Department of  
2 Justice regarding compliance with a pending consent decree is  
3 considered an audit by a federal agency.

4 (c) An independent team of experts under Brian's Law shall  
5 be entitled to inspect and copy the records of any recipient  
6 whose death is being examined by such a team pursuant to the  
7 mortality review process authorized by Brian's Law.  
8 Information disclosed under this subsection may not be  
9 redisclosed without the written consent of one of the persons  
10 identified in Section 4 of this Act.

11 (d) Staff and any designee of the Illinois Criminal  
12 Justice Information Authority, members of the Ad Hoc Statewide  
13 Domestic Violence Fatality Review Committee of the Illinois  
14 Criminal Justice Information Authority Board, and the regional  
15 domestic violence fatality review teams are entitled to  
16 receive, inspect, copy, and share the records covered by this  
17 Act of any recipient subject to a domestic violence fatality  
18 review, including, but not limited to, a recipient who  
19 experienced or caused a near-fatality or fatality related to  
20 domestic violence, for the purposes of domestic violence  
21 fatality review and in accordance with the responsibilities  
22 required and authorized by the Domestic Violence Fatality  
23 Review Act. Information disclosed under this Section is  
24 subject to the confidentiality requirements of the Domestic  
25 Violence Fatality Review Act.

26 (Source: P.A. 98-378, eff. 8-16-13.)

1           Section 99. Effective date. This Act takes effect upon  
2           becoming law.