



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB3129

Introduced 2/8/2010, by Sen. Dale A. Righter

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 guard 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 whether involuntary admission and immediate hospitalization is 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 14618 KTG 29457 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **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
13 his or her basic physical needs so as to guard 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
13 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
16 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:

19 1. the petitioner believes, as a result of his personal
20 observation, that the respondent is subject to involuntary
21 admission;

22 2. a diligent effort was made to obtain a certificate;

23 3. no physician, qualified examiner, psychiatrist, or
24 clinical psychologist could be found who has examined or
25 could examine the respondent; and

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

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

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

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

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

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

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

13 Sec. 3-610. As soon as possible but not later than 24
14 hours, excluding Saturdays, Sundays and holidays, after
15 admission of a respondent pursuant to this Article, the
16 respondent shall be examined by a psychiatrist. The
17 psychiatrist may be a member of the staff of the facility but
18 shall not be the person who executed the first certificate. If
19 a certificate has already been completed by a psychiatrist
20 following the respondent's admission, the respondent shall be
21 examined by another psychiatrist or by a physician, clinical
22 psychologist, or qualified examiner. If, as a result of this
23 second examination, a certificate is executed, the certificate
24 shall be promptly filed with the court. If the certificate
25 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,
12 or clinical psychologist which certifies that the respondent is
13 subject to involuntary admission and which contains the other
14 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
17 may make such orders pursuant to Section 3-703 as are necessary
18 to provide for examination of the respondent. If the petition
19 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
23 executed pursuant to Section 3-703 and the court finds the
24 documents are in order, it shall set the matter for hearing.

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

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

2 Sec. 3-703. If no certificate was filed, the respondent
3 shall be examined separately by a physician, or clinical
4 psychologist, or qualified examiner and by a psychiatrist. If a
5 certificate executed by a psychiatrist was filed, the
6 respondent shall be examined by a physician, clinical
7 psychologist, qualified examiner, or psychiatrist. If a
8 certificate executed by a qualified examiner, clinical
9 psychologist, or a physician who is not a psychiatrist was
10 filed, the respondent shall be examined by a psychiatrist. The
11 examining physician, clinical psychologist, qualified examiner
12 or psychiatrist may interview by telephone or in person any
13 witnesses or other persons listed in the petition for
14 involuntary admission. If, as a result of an examination, a
15 certificate is executed, the certificate shall be promptly
16 filed with the court. If a certificate is executed, the
17 examining physician, clinical psychologist, qualified examiner
18 or psychiatrist may also submit for filing with the court a
19 report in which his findings are described in detail, and may
20 rely upon such findings for his opinion that the respondent is
21 subject to involuntary admission. Copies of the certificates
22 shall be made available to the attorneys for the parties upon
23 request prior to the hearing. A certificate prepared in
24 compliance with this Article shall state whether or not the
25 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
4 unless he or she voluntarily agrees to inpatient treatment.

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
11 request, to inspect and copy a recipient's record or any part
12 thereof:

13 (1) the parent or guardian of a recipient who is under
14 12 years of age;

15 (2) the recipient if he is 12 years of age or older;

16 (3) the parent or guardian of a recipient who is at
17 least 12 but under 18 years, if the recipient is informed
18 and does not object or if the therapist does not find that
19 there are compelling reasons for denying the access. The
20 parent or guardian 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
24 least 12 but under 18 years from requesting and receiving

1 the following information: current physical and mental
2 condition, diagnosis, treatment needs, services provided,
3 and services needed, including medication, if any;

4 (4) the guardian of a recipient who is 18 years or
5 older;

6 (5) an attorney or guardian ad litem who represents a
7 minor 12 years of age or older in any judicial or
8 administrative proceeding, provided that the court or
9 administrative hearing officer has entered an order
10 granting the attorney this right; or

11 (6) an agent appointed under a recipient's power of
12 attorney for health care or for property, when the power of
13 attorney authorizes the access; or

14 (7) an attorney-in-fact appointed under the Mental
15 Health Treatment Preference Declaration Act; or

16 (8) any person in whose care and custody the recipient
17 has been placed pursuant to Section 3-811 of the Mental
18 Health and Developmental Disabilities Code.

19 (b) Assistance in interpreting the record may be provided
20 without charge and shall be provided if the person inspecting
21 the record is under 18 years of age. However, access may in no
22 way be denied or limited if the person inspecting the record
23 refuses the assistance. A reasonable fee may be charged for
24 duplication of a record. However, when requested to do so in
25 writing by any indigent recipient, the custodian of the records
26 shall provide at no charge to the recipient, or to the

1 Guardianship and Advocacy Commission, the agency designated by
2 the Governor under Section 1 of the Protection and Advocacy for
3 Developmentally Disabled Persons Act or to any other
4 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.

10 (c) Any person entitled to access to a record under this
11 Section may submit a written statement concerning any disputed
12 or new information, which statement shall be entered into the
13 record. Whenever any disputed part of a record is disclosed,
14 any submitted statement relating thereto shall accompany the
15 disclosed part. Additionally, any person entitled to access may
16 request modification of any part of the record which he
17 believes is incorrect or misleading. If the request is refused,
18 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)

24 Sec. 9.2. Interagency disclosure of recipient information.
25 For the purposes of continuity of care, the Department of Human

1 Services (as successor to the Department of Mental Health and
2 Developmental Disabilities), community agencies funded by the
3 Department of Human Services in that capacity, licensed private
4 hospitals receiving payments from the Department of Human
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
18 county jail or State correctional facility ~~prison~~ requiring
19 that the county jail or State correctional facility ~~prison~~
20 adopt written policies and procedures designed to ensure that
21 the records and communications are disclosed only to those
22 persons employed by or under contract to the county jail or
23 State correctional facility ~~prison~~ who are involved in the
24 provision of mental health services to inmates and that the
25 records and communications are protected from further
26 disclosure.

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

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

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

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

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

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

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

5 (3) In the event of a claim made or an action filed by
6 a recipient, or, following the recipient's death, by any
7 party claiming as a beneficiary of the recipient for injury
8 caused in the course of providing services to such
9 recipient, the therapist and other persons whose actions
10 are alleged to have been the cause of injury may disclose
11 pertinent records and communications to an attorney or
12 attorneys engaged to render advice about and to provide
13 representation in connection with such matter and to
14 persons working under the supervision of such attorney or
15 attorneys, and may testify as to such records or
16 communication in any administrative, judicial or discovery
17 proceeding for the purpose of preparing and presenting a
18 defense against such claim or action.

19 (4) Records and communications made to or by a
20 therapist in the course of examination ordered by a court
21 for good cause shown may, if otherwise relevant and
22 admissible, be disclosed in a civil, criminal, or
23 administrative proceeding in which the recipient is a party
24 or in appropriate pretrial proceedings, provided such
25 court has found that the recipient has been as adequately
26 and as effectively as possible informed before submitting

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

7 (5) Records and communications may be disclosed in a
8 proceeding under the Probate Act of 1975, to determine a
9 recipient's competency or need for guardianship, provided
10 that the disclosure is made only with respect to that
11 issue.

12 (6) Records and communications may be disclosed when
13 such are made during treatment which the recipient is
14 ordered to undergo to render him fit to stand trial on a
15 criminal charge, provided that the disclosure is made only
16 with respect to the issue of fitness to stand trial.

17 (7) Records and communications of the recipient may be
18 disclosed in any civil or administrative proceeding
19 involving the validity of or benefits under a life,
20 accident, health or disability insurance policy or
21 certificate, or Health Care Service Plan Contract,
22 insuring the recipient, but only if and to the extent that
23 the recipient's mental condition, or treatment or services
24 in connection therewith, is a material element of any claim
25 or defense of any party, provided that information sought
26 or disclosed shall not be redisclosed except in connection

1 with the proceeding in which disclosure is made.

2 (8) Records or communications may be disclosed when
3 such are relevant to a matter in issue in any action
4 brought under this Act and proceedings preliminary
5 thereto, provided that any information so disclosed shall
6 not be utilized for any other purpose nor be redisclosed
7 except in connection with such action or preliminary
8 proceedings.

9 (9) Records and communications of the recipient may be
10 disclosed in investigations of and trials for homicide when
11 the disclosure relates directly to the fact or immediate
12 circumstances of the homicide.

13 (10) Records and communications of a deceased
14 recipient may be disclosed to a coroner conducting a
15 preliminary investigation into the recipient's death under
16 Section 3-3013 of the Counties Code. However, records and
17 communications of the deceased recipient disclosed in an
18 investigation shall be limited solely to the deceased
19 recipient's records and communications relating to the
20 factual circumstances of the incident being investigated
21 in a mental health facility.

22 (11) Records and communications of a recipient shall be
23 disclosed in a proceeding where a petition or motion is
24 filed under the Juvenile Court Act of 1987 and the
25 recipient is named as a parent, guardian, or legal
26 custodian of a minor who is the subject of a petition for

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

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

25 (b) Before a disclosure is made under subsection (a), any
26 party to the proceeding or any other interested person may

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

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

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

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

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

22 (d) No party to any proceeding described under paragraphs
23 (1), (2), (3), (4), (7), or (8) of subsection (a) of this
24 Section, nor his or her attorney, shall serve a subpoena
25 seeking to obtain access to records or communications under
26 this Act unless the subpoena is accompanied by a written order

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

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

1 information as necessary to alert the appropriate enforcement
2 or prosecuting authority.

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

22 (Source: P.A. 96-406, eff. 8-13-09.)

23 Section 99. Effective date. This Act takes effect upon
24 becoming law.

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