



# Acknowledgment of Receipt of Notice

Lifeskills Center, Ltd | Susan White, LCSW  
800 Main Street, #11 Lower Level, Antioch, IL 60002

As required by Privacy Regulations, I hereby acknowledge that I have received a current copy of Lifeskills Center, Ltd "NOTICE OF PRIVACY PRACTICES," available in the waiting room.

As required by the Privacy Regulations, Susan White, LCSW from Lifeskills Center, Ltd. has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that Lifeskills Center, Ltd. has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all Protected Health Information (PHI) that it maintains.

On separate form (s), I am noting to whom I wish my PHI to be communicated.

I agree that all my PHI may be communicated by letter, fax, or telephone and any or all of these forms of communication.

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices,"

Signed:

Date:

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## OFFICE USE ONLY

Signed form received by:

Date:

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Good Faith effort to obtain receipt (describe):

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