

CONNECT PSYCHOLOGICAL SERVICES, LLC

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Karen O’Keeffe, Psy.D.
Clinical Psychologist

Acknowledgement of Receipt: Notice Form – Protected Health Information (PHI)

By signing this form, you acknowledge that you have received the Illinois Notice Form regarding your protected health information or “PHI.” This notice provides information about how this office may use and disclose your protected health information. This notice defines limits on confidentiality, client’s rights, and therapist duties. This notice provides information about where to initiate and learn how to file privacy complaints. Please read it in full.

I acknowledge that I have received the Protected Health Information (PHI).

Signature

Printed Name

Date

If no signature is obtained above, describe the good faith efforts made to obtain the individual’s acknowledgement, and the reasons why the acknowledgement was not obtained:

Karen O’Keeffe

Signature

Printed Name

Date