



**ACKNOWLEDGEMENT OF THE RECEIPT OF THE  
COUNSELING ASSOCIATES OF SOUTHERN ILLINOIS  
NOTICE OF PRIVACY PRACTICES**

We provide to our clients a copy of Counseling Associates of Southern Illinois Notice of Privacy Practices, which describes your mental health information privacy rights. We encourage you to thoroughly review this document and become familiar with how your personal mental health information will be used and safeguarded, as well as your rights regarding the protection of your personal data. The information in this notice became effective April 14, 2003.

***I hereby acknowledge receipt of the Counseling Associates of Southern Illinois Notice of Privacy Practices. I received and reviewed a copy of this notice on the date indicated below. I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications. I understand that if I have questions about this notice, I may contact the Counseling Associates of Southern Illinois at 1669 Windham Way, Suite B, O'Fallon, IL 62269, or by phone at (618) 622-2579.***

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date