



6400 Clayton Road Suite 110
Saint Louis, MO 63117-1850
314-645-4434 Phone
314-645-3801 Fax

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ (Please Print Name), have received a
copy of this office's updated notice of Privacy Practices.

Signature of Patient or Legal Guardian/Representative

Description of relationship to the patient

Date

Below is for Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Staff Signature