



SAINT LOUIS COUNSELING

Acknowledgement of Receipt of Notice of Privacy Practices

(Effective April 14, 2003)

I hereby acknowledge that I have received a copy of the Saint Louis Counseling Notice of Privacy Practices.

Signature of Client or Client's Representative

Date

PRINT Client or Representative Name

Relationship of Representative to Client

Client refused to sign Acknowledgement

Signature of Person Witnessing Refusal