

**Webster Wellness Professionals**

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

I, \_\_\_\_\_, have received a copy of this office's notice of privacy practices.

Patient name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your right to refuse to sign this document.

**FOR OFFICE USE ONLY:**

The reason that a standard acknowledgment (such as the above) of the receipt of the notice of privacy practices was not obtained:

- Patient refused to sign
- Communication barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented this office from obtaining it.
- Others: \_\_\_\_\_

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