



ARCH PSYCHOTHERAPY & WELLNESS

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**Acknowledgement of Receipt
Of Notice of Privacy Practices**

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Arch Psychotherapy & Wellness.

Signature of Client (or Personal Representative)

Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Name of Client: _____

Personal Representative's Name: _____

Relationship to Client: _____