

NewPaths,LLC  
Sheri Rezak-Irons,LCSW  
10420 Old Olive Street Road, STE 207, St. Louis, Missouri 63141

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

By my signature below I, \_\_\_\_\_, acknowledge that I received a copy of her  
**Notice of Privacy Practices.**

\_\_\_\_\_  
Printed name of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Sheri Rezak-Irons,LCSW

\_\_\_\_\_  
Date

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

Personal Representative's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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**For Office Use Only**

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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***This form will be retained in your medical record.***