

**ACKNOWLEDGEMENT OF RECEIPT OF  
KOPP'S COUNSELING – NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have received a copy of the Kopp's Counseling – Notice of Privacy Practices.  
I understand that the privacy practices described in this notice are effective as of February 22, 2013.

Participant's Name (print)

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Participant's or Guardian's Signature:

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Signature Date:

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