

**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) _____

Participant's or Guardian's Signature: _____

Signature Date: _____