

**Notice of Privacy Practices
Receipt and Acknowledgement of Notice**

Client name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Amy L. Kopel, LLC, LCSW-C's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Amy L. Kopel at 410-878-7490.

Signature of Client Date

Signature of Parent or Legal Guardian Date

 Client Refuses to Acknowledge Receipt:

Amy L. Kopel, LCSW-C