

**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