

**kp counseling**

**Acknowledgment of Receipt of Privacy Practices**

I, \_\_\_\_\_ have received a copy of **kp** counseling.  
Notice of Privacy Practices with an effective date of January 1, 2017.

Print Client Name \_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_  
*(if applicable)*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_