

**KW Counseling Services, LLC  
2219 229<sup>TH</sup> PLACE  
AMES, IA 50014  
515-720-1544**

**ACKNOWLEDGMENT OF RECEIPT OF PROVIDER'S NOTICE OF  
PRIVACY PRACTICES**

I, \_\_\_\_\_, acknowledge that I have received a copy of KW Counseling Services, LLC Notice of Privacy Practices which summarizes the ways my identifiable health information may be used and disclosed by this Provider and states my rights with respect to my medical information. I understand this Provider has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event this Provider revises its information practices, a revised Notice will be posted at 2219 229<sup>th</sup> Place, Ames Iowa 50014, and that I may obtain a current Notice of Privacy Practices at any time from KW Counseling Services, LLC.

\_\_\_\_\_  
Signature of Patient or Guardian/Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
If Guardian/Representative- State Relationship to Patient

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

\_\_\_\_\_  
Date Signed