



Jess Albright, LCPC, ACS
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Acknowledgment of receipt of notice of privacy practices

By my signature below, I _____,
acknowledge that I received a copy of the Notice of Privacy Practices for
Jess Albright, LCPC, ACS located at 124 N. Court Street, Frederick, MD
21701.

Client signature (or personal representative)

Date

If a personal representative signs on behalf of the client, please complete the following:

Personal Representative's name: _____

Relationship to the client: _____

For office use only

I attempted to obtain written Acknowledgment of receipt of our Notice of Privacy
Practices, but acknowledgment could not be obtained because:

- _____ Individual refused to sign
- _____ Communications barriers prohibited obtaining the Acknowledgment
- _____ An emergency situation prevented us from obtaining Acknowledgment
- _____ Other

This form is educational only and does not constitute legal advice and covers only federal, not state, law.