Jess Albright, LCPC, ACS
Licensed Clinical Professional Counselor

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.