



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.