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**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Aspire Counseling Group's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Christine Gerhard Dicks, LCSW, Privacy Officer, Aspire Counseling Group, PLLC, 1330 St. Mary's Street, Suite 340, Raleigh, NC 27605, 919-229-9834.

Signature of Client Date

Signature or Parent, Guardian or Personal Representative* Date

**If you are signing as a Personal Representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

Client Refuses to Acknowledge Receipt:

Signature of Staff Member Date