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## Notice of Privacy Practices Receipt and Acknowledgement 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.

***\*\*Please note that a typed name does not constitute a legal signature – please e-sign on Client Portal.\*\****

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Signature of Client

Date

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Signature of Parent, Guardian, or Personal Representative

Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.): \_\_\_\_\_

Check here and sign if client refuses to acknowledge receipt:

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Signature of Staff Member

Date