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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, 871 Washington Street, Raleigh, NC 27605, 919-229-9834.

Please note that a typed name does not constitute a legal signature.

Signature of Client

Date

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:

Signature of Staff Member

Date