

Aspire Counseling Group, PLLC 

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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 Aspire Counseling Group, at 1405 Hillsborough Street, 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**