

**Aspen Counseling & Consulting, LLC**  
**Acknowledgement & Receipt of Notice, Rights, Guide & Advanced Directives**

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Client Name (Print): \_\_\_\_\_ Client ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

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

I acknowledge that I have received and have been given an opportunity to read a copy of Aspen Counseling & Consulting, LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact: Aspen's Privacy Officer at 1021 N. Mulford Road, Rockford, IL 61107, at (815) 387-5600, or via email at [privacy@rosecrance.org](mailto:privacy@rosecrance.org)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature (*if applicable*): \_\_\_\_\_ Date: \_\_\_\_\_

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