

**Amy Collins Therapy • Amy Collins, LMFT
111 S. First St. • Suite 105 Madison, WI 53704**

Acknowledgment of Receipt of Notice of Informed Consent

You may refuse to sign this acknowledgment I hereby acknowledge that I have received a copy of, read and understand this office's Informed Consent to Treatment Document.

Print Name: _____

Signature: _____

Date: _____

If Client is a Minor this form must also be signed by a parent or legal guardian:

Print name _____

Signature _____

Date _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Private Practice Informed Consent, but acknowledgment could not be obtained because: __ Individual refused to sign ! __ An emergency situation prevented us from obtaining acknowledgment __ Other

Name:

Date :