

Amy Collins Therapy • Amy Collins, LMFT
2002 Atwood Ave. • Suite 202
Madison, WI 53704

Acknowledgment of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgment

I hereby acknowledge that I have received a copy of, read and understand this office's Notice of Privacy Practices

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 :