

**Amy Collins Therapy • Amy Collins, LMFT**  
**2002 Atwood Ave. • Suite 202**  
**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 :