

**Amy Collins Therapy • Amy Collins, LMFT  
111 S. First St. • Suite 105 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:

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Signature:

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Date \_\_\_\_\_

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

Print Name

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Signature

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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 :