

New Jersey Department of Children and Families
Division of Children's System of Care

#6 - Notice of HIPAA Privacy Practices – Acknowledgement

This form must be signed upon receipt of the Notice of Privacy Practices and returned to the New Jersey Division of Children's System of Care. A Parent or the Legal Guardian must sign.

I, _____ (print or type name),

hereby acknowledge that I have received the Notice of Privacy Practices

on _____.
Date

I am the (please check one):

Parent

Legal Guardian

Parent or legal guardian signature

Date

Applicant Name (please print)