



The Art
& Science
of Healing
Children

NOTIFICATION OF PATIENT PRIVACY - CHEC

DATE: _____

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

I have received a copy of the UMDNJ Notification of Patient Privacy – Medical

Signature of Legal Guardian/Custodian _____ **Date** _____

Signature of Child if Age 14 or Older _____ **Date** _____

I have received a copy of the UMDNJ Notification of Patient Privacy – Mental Health

Signature of Legal Guardian/Custodian _____ **Date** _____

Signature of Child if Age 14 or Older _____ **Date** _____

A photocopy or fax copy of this form is valid as the original.