

New Jersey Department of Human Services
Division of Developmental Disabilities

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT**

This form must be signed upon receipt of the Notice of Privacy Practices and returned to the New Jersey Division of Developmental Disabilities. If the Applicant is under 18, a Parent or the Legal Guardian must sign. If Applicant is 18 or older, Applicant or the Legal Guardian must sign.

I, _____ (print or type name),

hereby acknowledge that I have received the Notice of Privacy Practices

on _____.

I am the (please check one):

Applicant

Parent (if applicant is under 18)

Legal Guardian

Applicant, parent or legal guardian signature or mark*

Date

If signed by someone other than Applicant:

Applicant Name (please print)

If mark is provided:

Witness signature

Witness Name (please print)