**Division of Child and Family Services**

**Children’s Mental Health**

**Notice Regarding the Destruction of Health Care Records**

Pursuant to NRS 629.051, DCFS is required to provide notice about the retention of the health care records we create on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Insert Client Name)

The health record retention schedule is as follows:

* DCFS may not destroy your child’s health care records if your child is less than 23 years of age.
* When your child attains the age of 23 years, DCFS is allowed to destroy your child’s health care records as long they have been retained by the Division for the past 5 years.
* Except as provided by Nevada Revised Statutes or federal law, once your child reaches 23 years of age, the Division may destroy your child’s health care records after 5 years.

By signing below, I hereby acknowledge I have read the above notice and understand the DCFS record retention schedule pursuant to Nevada Revised Statues and federal law.

Name of Legally Responsible Person (Print)

 \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Legally Responsible Person Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of DCFS Staff Witness Date