STATE OF NEVADA

## BRIAN SANDOVAL

# **Governor**

**ROMAINE GILLILAND**

**Director**

***Department of Health and Human Services***

## Amber Howell

#  **Administrator**

**Division of Child and Family Services**



### **Department of Health and Human Services**

**Division of Child and Family Services**

**Children’s Mental Health**

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#  **Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received the DCFS Notice of Privacy Practices.

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Name of Child

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

Name of Legally Responsible Person

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

Legally Responsible Person’s Signature Date

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

DCFS Staff Signature Date