



Comprehensive Health Evaluation for Children

NOTIFICATION OF PATIENT PRIVACY - CHEC

DATE: _____

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

I have received a copy of the Rowan University 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 Rowan University 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.