

**The North Jersey Center for Cognitive Behavioral Therapy**  
239 Madison Avenue  
Wyckoff, NJ 07481  
(201) 669-1369

**Confirmation of Receipt of New Jersey Privacy Policy**

I confirm that I have received the NJ Privacy Policy and have been provided an opportunity to ask questions about it.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date