Acknowledgement of Military Health System Notice of Privacy Practices
The signature below only acknowledges receipt of the Military Health System Notice of Privacy Practices, effective date 1, October, 2013.

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Signature of Patient/Patient Representative Date

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Name of Patient/Representative Relationship to Patient

DoD Identification No._____
If no DoD ID No., Last 4 digits of SSN_____

❑ Patient/Representative declined to sign _____ MTF Staff initials

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