

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.

____Signature of Patient/Patient Representative Date

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