Acknowledgement of Military Health System Notice of Priv The signature below only acknowledges receipt of the Milita System Notice of Privacy Practices, effective date 14, April,	ary Health	The signature below only acknowledges receised System Notice of Privacy Practices, effective	pt of the Military Health
Signature of Patient/Patient Representative D	ate	Signature of Patient/Patient Representative	Date
Name of Patient/Representative Relationship	to Patient	Name of Patient/Representative	Relationship to Patient
Last 4 digits of SSN		Last 4 digits of SSN	
□ Patient/Representative declined to sign M	ΓF Staff initials	□ Patient/Representative declined to sign	MTF Staff initials
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