

**Acknowledgement of Military Health System (MHS)
Notice of Privacy Practices (NOPP)**

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