

# ACKNOWLEDGEMENT OF MILITARY HEALTH SYSTEM NOTICE OF PRIVACY PRACTICES

The signature below only acknowledged receipt of the Military Health System Notice of Privacy Practices, effective date 14 April 2003.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Patient/Patient Representative Date

FMP/SSN \_\_\_\_\_/\_\_\_\_\_

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*The below information is to be completed by JCP personnel:*

\_\_\_\_ Patient Representative Declined to Sign

JCP Staff Initials \_\_\_\_\_

Date Case Accessioned: \_\_\_\_\_

Pathology Department Assigned: \_\_\_\_\_

JCP Accession Number: \_\_\_\_\_