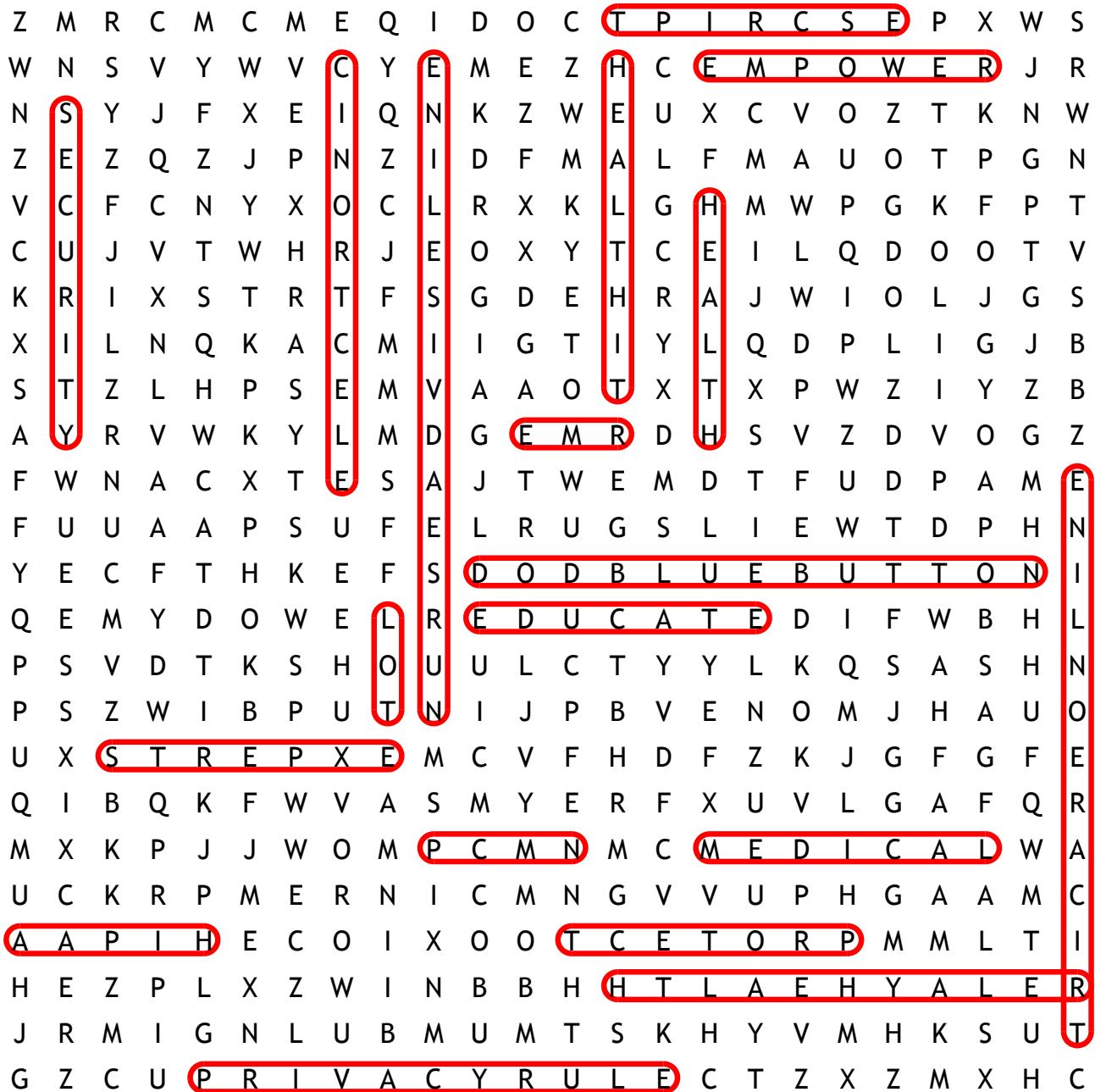


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# 365/24/7 EMPOWER-PROTECT-EDUCATE



NURSE ADVISE LINE  
PRIVACY RULE  
HEALTH IT  
EMPOWER  
MEDICAL  
HIPAA  
TOL

DOD BLUE BUTTON  
RELAY HEALTH  
SECURITY  
ESCRIPT  
PROTECT  
NMCP

TRICAREONLINE  
ELECTRONIC  
EDUCATE  
EXPERTS  
HEALTH  
EMR