

HIPAA EMPLOYEE TRAINING ACKNOWLEDGE FORM

STATEMENT

I acknowledge that I have received, and thoroughly reviewed Crown of Life Education Handouts and attended the HIPAA training session on the date signed below. This session included training on the federal and state laws and regulations regarding the HIPAA and security rules requiring the use of confidentiality, as well as, integrity and accessibility safeguards for patient protected health information (PHI).

I agree to comply strictly with the principles set forth in Crown of Life on HIPAA and the Organization's Privacy and Security Policies and Procedures, which include, but are not limited to:

- Minimum necessary
- Maintaining confidentiality of PHI
- Patient Privacy rights under HIPAA
- Password management
- Log-in procedures and requirements
- Identifying and reporting security incidents

I received training on _____ and understand the policies and procedures specific to my job functions.

I agree to follow the policies and procedures and otherwise maintain the confidentiality and integrity of PHI.

I understand that I will be subjected to disciplinary action up to and including termination if I violate the principles set forth in the HIPAA training session.

I further understand that the HIPAA Privacy and Security Policies and Procedure are not a contract of employment.

Signature

Print

Date

Trainer's signature

Date