

ACKNOWLEDGMENT OF HIPAA TRAINING

I have received HIPAA training at _____ on [INSERT DATE], which covered the following topics:

1. Overview of _____ HIPAA Policies and Procedures
2. Obligation to keep patient protected health information private and secure
3. Permitted and required uses and disclosures of patient protected health information
4. Information security requirements
5. Patient rights

I understand that I am responsible to comply with HIPAA and HIPAA Policies and Procedures implemented by _____.

Date: _____

By: [insert name] _____