

HIPAA TRAINING ACKNOWLEDGEMENT

This is to certify that I have received and understand X Company/X Facility HIPAA training. I agree to comply with the HIPAA Privacy Rule and related policies and procedures, applicable to my job. This will be expected as part of my continued employment or association. This Acknowledgement is not an assurance of continued employment or association.

NAME (Please Print) SIGNATURE

DATE

Instructor's Use Only

Check here for HIPAA General Orientation Training

Check here for PHI User HIPAA Training

Note: *Original of this acknowledgement should be maintained in each employee's personnel file.*