

ACKNOWLEDGMENT OF HIPAA PRIVACY TRAINING

1. I understand that _____ (the Company) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.
2. I am aware that, as part of the Company's responsibilities the Company provides privacy training to its staff.
3. I acknowledge that I have received privacy training provided by the Company.
4. I certify that I am familiar with the Company's policies and procedures regarding the privacy of health information, and I agree to follow those policies and procedures.
5. I agree to attend future privacy training sessions, as and when requested by the Company.
6. I further agree that I will report promptly any known or suspected violations of the Company's policies and procedures regarding the privacy of health information to the Company's privacy official or his designee.

Print Name _____

Title _____

Company _____

Signature _____

Date _____