



Lending Hands Support Services

HIPPA TRAINING ACKNOWLEDGMENT FORM

Statement

I acknowledge that I have received and reviewed Lending Hands Support Services HIPAA 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 privacy and security rules requiring the use of confidentiality as well as integrity while assessing for patient's protected health information (PHI)

As an employee, I agree to strictly and without reservation to follow and abide by the policies, procedures, rules and regulations contained therein applicable to my job which include but not limited to:

- Maintaining Confidentiality of PHI,
- Patient Privacy Rights under HIPAA,
- Identifying and Reporting security Incidents and concerns,
- Management of provided passwords, log in procedures and requirements.

Furthermore, I understand that I will be subject to disciplinary action up to and including termination if I violate the set HIPAA principles as discussed during the training. This acknowledgement is not an assurance of continued employment.

Name of Employee: _____

Signature of Employee _____ Date _____

Signature of Witness _____ Date _____