

Acknowledgement of Training Statement

I hereby acknowledge and confirm that I have received the HIPAA Privacy Training Handbook for NorthEast Medical Center, that I have reviewed the Handbook, that I have received training on the HIPAA Privacy Rule from NorthEast Medical Center and that I will comply with the NorthEast Policies and Procedures for HIPAA.

Name(Print) _____

Badge Number _____

Department _____

Title _____

Signature _____

Date _____