

Cortland County Health Department

Acknowledgement of HIPAA Training

I received the County's HIPAA privacy training on _____ (date) and the HIPAA privacy training that was unique to my specific job responsibilities on _____(date). This training included the following information:

- A. Introduction to HIPAA and the privacy rule
- B. Explanation of the privacy officer's role and job responsibilities
- C. Overview of my Department's privacy policies and procedures
- D. Explanation of all privacy forms, including the following:
 1. Consent
 2. Authorization
 3. Request to amend protected health information (PHI)
 4. Request for restriction on uses and disclosures of PHI
 5. Accounting of disclosures
 6. Complaint form
 7. Request to inspect and copy PHI and to implement access denial
- E. Explanation of who can disclose PHI
- F. Discussion of job responsibilities as they relate to PHI
- G. Explanation of the minimum necessary standard
- H. The role of business associates
- I. Consequences of violating privacy policies and procedures

I agree to comply with my Department's policies and procedures as they apply to HIPAA. I will take appropriate actions to safeguard from unauthorized disclosure any PHI with which I am entrusted.

I understand my responsibility to safeguard PHI in oral, written, and electronic form, whether the patient is living or deceased, and whether or not I am still employed in my current position. Safeguarding PHI includes, but is not limited to:

- conducting discussions in settings where they cannot be overheard,
- keeping my computer password confidential,
- logging off or locking my computer when I am away from my work area,
- securing any written form of PHI when away from my work area,
- limiting information sharing to the minimum necessary,
- reporting any actual or suspected breaches of confidentiality to my supervisor or the Privacy Officer,
- disclosing PHI only to those who are authorized and have a "need to know."

I understand that the County has a policy of zero tolerance for violations of HIPAA Privacy Standards and that Federal regulations require that the County apply sanctions (ranging from a warning to termination) to individuals who fail to comply with its policies and procedures regarding the Privacy Standards. I also understand that I can be subject to civil and criminal penalties for failing to protect health information that is protected under Federal law.

Print Name

Signature of Employee

Date