



Congratulations!

You have completed the HIPPA Privacy Education Training.

Health Insurance Portability and Accountability Act (HIPPA)

Please complete the following:

Check One:

- Employee
- Physican
- Locum Physician
- Agency Personnel
- Student/Instructor

Please Print:

Name:

Signature:

Department/Location:

** Physicians and Locum Physicians: please send completed form to: Medical Staff Office, first floor, Wishart Bldg.