

Official Designation of the Privacy Officer

On this date _____ the owner(s) of the
clinic _____

located at _____

officially declare _____

to be the Privacy Officer. The owner(s) promise their full support of the Privacy Officer's efforts to train the entire staff on patient privacy rules, perform audits of systems, handle patient complaints, and perform breach notifications. The Privacy Officer will document all activities in the clinic's Privacy Notebook.

(print name then sign)

Clinic Owner _____

Clinic Owner _____

Clinic Owner _____

Clinic Owner _____

Clinic Owner _____

By signing below, the person agrees to assume the duties and responsibilities of the Privacy Officer.

Privacy Officer _____

If more than 5 clinic owners, have them print name & sign here: