

Confirmation of Patient Privacy Training

This form confirms that a staff member of a clinic was given Patient Privacy (aka HIPAA) training by the Privacy Officer. This training should occur annually.

Date of Training _____

Clinic Name _____

Topics Covered

(trainee should check off subjects)

- Patient Rights and Policies, Procedures & Forms
- Passwords
- Monitoring & Auditing (e.g. No Snooping In Medical Records)
- Protected Health Information (18 Unique Identifiers)
- Breach Notifications (lost or stolen equipment/devices)
- Gossip, Facebook & Happy Hour
- HIPAA Police & Fines

(print name then sign)

Privacy Officer _____

Staff Member _____

Staff Member Position _____