

HIPAA POLICY ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand the HIPAA guidelines presented to me. I agree to protect and not disclose any Protected Health Information (PHI). I also understand that it is my responsibility to report any misuse or abuse of PHI. If I am uncertain or unclear on the “use” and “disclosure” of PHI, I understand it is my responsibility to contact my supervisor, the Human Resource Department, or the Corporate Compliance Hotline. I further acknowledge that any incident of non-compliance will result in disciplinary action up to and including termination, and may also result in civil and or criminal fines.

Signature

Date

Please return this acknowledgement to the Human Resources Department