

HIPPA TRAINING ACKNOWLEDGMENT FORM

Town of Centerville

As an employee, I hereby acknowledge that I have received and do now possess a complete and current copy of the Town of Centerville's Health Insurance Portability and Accountability Act (HIPAA) Policy passed by resolution on _____, 2003. I also acknowledge that I received and participated in training on this policy on _____, 2003.

I agree without reservation to follow and abide by the policies, procedures, rules and regulations contained therein.

Furthermore, I understand that the Town reserves the right to change any of such rules, regulations, policies, practices, and procedures in whole or in part at any time, with or without notice to employees.

Name of Employee: _____

Department Name: _____

Social Security Number: _____

Signature of Employee _____ Date _____

Signature of Witness _____ Date _____