



5585 Barbara Dr, Mechanicsburg, PA, 17050  
O: 717-512-4417 C: 717-379-1964

I hereby certify that I have attended the HIPAA In-service, read material and I understand the information presented. I acknowledge that I have an obligation to perform my duties in a lawful manner and consistent with the standards of business conduct. I further understand that it is my duty to report violation of the law or standards of business conduct to my supervisor, a member of the corporate compliance committee or through the care line.

I have reviewed the training session presented by HSE Staffing Agency LLC on the Privacy and Security requirements of HIPAA. I understand that I must fully comply with these requirements in order to maintain access to protected health information at all my work locations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ (Print Name)

Department \_\_\_\_\_

Position \_\_\_\_\_