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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 _____