



HIPAA Privacy and Security

Workforce Member Training Record

I have completed HIPAA Privacy and Security Training by (check one):

- Watching the HIPAA Privacy and Security training video
or
 Reading all of the Privacy and Security Training Modules

I understand I will be held accountable for understanding and following URMC and Affiliates policies and procedures that are relevant to my job. This document will be filed in my personnel record.

Name (Print): _____

Signature: _____

Employee ID: _____

Department: _____

Date: _____

Please give this to your supervisor.