

HIPAA Training Acknowledgement Form

I, _____, (print name)
have viewed the HIPAA Training Video. I have also received the information provided
by Human Resources that included the following:

- Milliman's Policy on Reporting a Breach in Patient Health Information
- Milliman's Policy on regarding release of confidential information
- Milliman's Policy on Electronic Communication

I have read and understand the policies, as well as my reporting obligations.

I understand that if I have any questions about the training video, the policies, or any of
the information provided to me, that I may contact Human Resources or any other
member of the Milliman Care Guidelines Management Team.

Employee Signature

Date

Please return this form to Human Resources.