



HIPAA Training Certification Form

Health Insurance Portability and Accountability (HIPAA) training is required for **all** URMC / Strong Health workforce members, including physicians, employees, students and volunteers.

I have read the online HIPAA training chapters which include information regarding the Privacy and Security regulations and my responsibilities under those regulations.

I understand that I must complete HIPAA training within 30 days of matriculation in the School of Medicine and Dentistry, read and complete this form and then submit it to your Graduate Program Coordinator.

Student Name:

Program:

Signature

Date

Original to your Graduate Program Coordinator

Revised 07/14