

HIPAA PRIVACY AND SECURITY RULE ACKNOWLEDGEMENT OF UNDERSTANDING

I have attended The University of Alabama's training session on the security and privacy requirements for protecting the confidentiality, integrity and availability of patients' protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA).

I understand what PHI is, and have been informed of the civil and criminal penalties for unauthorized access, use, disclosure, modification or destruction of PHI and of civil penalties that may be imposed for violations of the HIPAA privacy and/or security rules. I understand that I am responsible for protecting PHI from unauthorized disclosure, alteration, or destruction, and that I am not permitted to share any patient's PHI with anyone who is not engaged in treatment, payment, or health care operations, unless authorized by the Privacy Officer. I also agree that I will not access any patient's PHI unless I have a legitimate job-related need to know and such access is consistent with my department's policies and procedures.

I understand that I will receive periodic reminders of our security safeguards, and that I am responsible for reviewing and complying with those reminders. I understand it is my responsibility to follow guidance provided to me to protect against Malicious Software and to report any signs of Malicious Software activity in my work environment. I am aware that log-in activity is being monitored and will report any suspicious activity associated with unusual login attempts. I understand the importance of proper password management including creating, changing and safeguarding passwords and proper use of workstations. I also understand that computers, disk, CD Rom, DVD and any other removable storage devices must be properly cleaned and erased before transfer, reuse or disposal. I agree to report all suspected or known breaches of confidentiality and/or security incidents.

I understand that my failure to abide by my department's HIPAA privacy and security policies and procedures could expose me to job-related disciplinary sanctions, up to and including termination of my employment.

Signature: _____

Printed Name: _____

Date: _____ CWID #: _____

University Department: _____

This form should be returned to your Department's _____ for retention.