

Highmark Privacy and Security Awareness Program Training Certification Form

The Highmark Privacy and Security Awareness Program

has been designed to help you understand the corporate policies and procedures regarding health information privacy and security. As a member of the Highmark workforce, or as one of Highmark's contractors, agents/producers or business associates, it is very important that you understand and follow these procedures carefully.

I have received and reviewed the Highmark Privacy and Security Awareness Program booklet. As a member of the workforce of Highmark or as one of Highmark's wholly owned or majority owned subsidiaries, or as a contractor, agent/producer or business associate, I certify that I understand and agree to abide by Highmark's Privacy and Security Awareness Program and its underlying policies, procedures, principles and regulations.

Print Name (As it appears on PA Producer License)

Highmark Agency Name

Signature

Date

PLEASE RETURN THIS FORM TO THE DESIGNATED HIGHMARK DEPARTMENT.