



## HIPAA Privacy Policy Training Attestation

**Name (Please Print):** \_\_\_\_\_

**Employee SSN (Last four digits only):** \_\_\_\_\_

\*This information will be used only for record keeping purposes to associate with the proper employees personnel file

**Employee Agency or Department:** \_\_\_\_\_

**The above mentioned employee acknowledges viewing the mandatory Health Insurance Portability and Accountability Act – Privacy Policy Training presentation located on the DHS website.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*This attestation must be kept on file for every employee accessing IES and shown upon request.