



Health Insurance Portability & Accountability Act (HIPAA) ACKNOWLEDGMENT

I acknowledge receipt of The Queen's Health Systems Health Insurance Portability & Accountability Act (HIPAA). I understand that it is my responsibility to read and understand the contents of the material given to me before my first working shift. I further understand that if I have any questions or concerns about the material, I will contact a member of The Queen's Health Systems management team for clarification.

I hereby agree to abide by the standards, expectations and confidentiality terms as outlined in the document, and agree to follow any and all of the reporting/notification procedures as indicated.

Signature

Date

Complete the following required information needed to create you in the Human Resources Database:

PLEASE PRINT:

First Name: _____

Middle Name (if applicable): _____

Last Name: _____

Department: _____

Job Title: _____

(All information is kept confidential.)