

HIPAA TRAINING ACKNOWLEDGMENT AND PRIVACY RULE AGREEMENT

For Workforce Member (On-Site Contractors, Interns, Volunteers, Students and Temporary Services)

I have completed the Montgomery County Department of Health and Human Services training on the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and have reviewed the materials contained in the training packet. I am aware of and understand my responsibilities under the Privacy Rule, and agree to fully comply with this policy. I understand that further questions about the Privacy Rule can be answered by my supervisor, my office HIPAA Coordinator or Debra Rosenberg, HIPAA Program Manager at 240/777-3819.

Name/Title (please print)

Service Area

Signature

Date

Please check one. I am a:

- ☐ Contractor
 - ☐ Intern / Student
 - ☐ Volunteer
 - ☐ Temporary Services (Manpower, Kelly, etc.)
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For Supervisors

Supervisor's Name

Title

Supervisor's Signature

Date

Supervisors of these workforce members must keep this original signed form in a file in your program area where it can be retrieved easily if needed for compliance audits. A copy may be given to the worker for their personal records.