



Health Insurance Portability and Accountability Act (HIPAA), Patient Privacy, and Information Security Attestation

- ☐ I have completed HIPAA privacy and information security training.
- ☐ I will respect and protect patient privacy at all times in my work for Daughters of Charity Health System.
- ☐ I understand how HIPAA, state laws, and organizational policies protect patient privacy.
- ☐ I will review and understand organizational policies that address patient privacy, confidentiality, patient information security, and security standards for electronic systems with patient information.
- ☐ I am expected to follow legal and organizational privacy and security standards at all times. I am encouraged to report individuals who do not uphold these standards.
- ☐ I will only access, disclose, and use patient information to carry out my work responsibilities.
- ☐ I will take proactive measures to safeguard any patient information I work with in my job. This includes physical and technical measures for protecting patient information in all forms.
- ☐ I know there is a Corporate Responsibility Officer who I can contact, in confidence, to ask questions or report concerns.
- ☐ I know that each Local Health Ministry has a Privacy Officer and Security Officer, as required by HIPAA, and I can contact them, in confidence, to ask questions or report concerns.
- ☐ I know the Values Line is available 24/7 to report concerns at 1-800-371-2176 or www.dchsValuesLine.org. I understand that reports are not traced and I can choose to identify myself or remain anonymous.
- ☐ I understand I am protected from retaliation when reporting concerns.

- ☐ Instructor
- ☐ Student

Date: _____

Print Name Clearly: _____

School: _____ **Signature:** _____