


**HEALTH MANAGEMENT ASSOCIATES, INC.**
**HIPAA P&P TRAINING CERTIFICATE (Privacy & Security)**

Purpose: This form is used to certify completion of HIPAA policy & procedure training by a workforce member.

**Section A— Workforce member trained (complete this section)**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date training completed: \_\_\_/\_\_\_/\_\_\_

Reason for training:  \_\_\_\_\_ **Training**

**SECTION B—Workforce member's training acknowledgement.**

I have completed training on our organization's HIPAA Privacy or Security policies and procedures. I am aware that any violation of patient privacy or confidentiality should be reported to our Security Officer, Privacy Officer, our Compliance Officer, or the Corporate HIPAA Compliance Manager. I am aware that failure to maintain patient privacy, security and confidentiality may result in termination of my employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_