



DEAFBLIND/ MENTORING SERVICE

Health Information Privacy and Confidentiality (HIPPA) Training Certification

For Traditional Services employees who have received training on health privacy

Instructions: Each PICS employee should review the material in the Health Information Privacy and Confidentiality Training Module and complete the questionnaire that summarizes the key points. When the Managing Party determines the employee has been properly trained on health privacy issues, this form should be signed and returned to:

**Partners in Community Supports (PICS)
1701 American Blvd. East, Suite #7
Minneapolis, MN 55425**

You should return this form only. Please keep the tests and training module for your records.

ACKNOWLEDGMENT OF TRAINING

Employee name (please print): _____

I understand that Partners in Community Supports (PICS) requires that I be trained on the rights of consumers and duties of employees related to the use and disclosure of protected health information. I have received training from the Managing Party named below on state and federal privacy regulations. I agree to comply with all policies and procedures.

I understand that severe civil and criminal penalties (up to ten years imprisonment and a \$250,000 fine) may be imposed for violation of these regulations.

Signature of employee

Date

Signature of PICS Managing Party

Date

Print name of Managing Party