

PRINT: Last Name, _____ **First Name,** _____ **MI** _____

SIGNATURE: _____

DEPARTMENT: _____

TELEPHONE NUMBER: _____

DATE: _____

HIPAA PRIVACY and SECURITY

VOLUNTEER TRAINING ACKNOWLEDGMENT

This is to acknowledge that I have completed the Required UAMS HIPAA Privacy and Security Awareness Training for Volunteers.

Complete the Review and Training Acknowledgement.

Send to UAMS HIPAA OFFICE, #829