

HIPAA Job-Specific Privacy *Workforce Member Training Record*

Required Training Modules (attached)

Module #	Title
OP 2	Mitigation
OP 4	Designation of Privacy Officer
OP 5	Sanctions
OP 8	Complaint Process
OP 14	Minimum Necessary
OP 19	Notice of Privacy Practice and Acknowledgement of Privacy Practice Notice
OP 23.1	Use/ Disclosure Facility Directory
OP 25	Research
OP 28	Whistleblowers and Crime Victims

I have read the above Department of Biomedical Genetics job-specific HIPAA Privacy training modules and agree that I will be held accountable for understanding and following URM/Strong Health policies and procedures that are relevant to my job. This document will be filed in my personnel record.

Signed: _____

Empl ID: _____

Date: _____

PLEASE RETURN THIS FORM TO BOX 633, ROOM 2-9644

Deadline for Compliance:
Within 30 days of hire or appointment