

HIPAA Job-Specific Security

Workforce Member Training Record

Required Training Modules (attached)

Module #	Title
OS1	HIPAA Security Compliance
OS2	Disposal of Media Containing PHI
OS4	Security Office
OS5	Sanctions
OS6	Training
OS7	Incident Response

I have read the above Department of Biomedical Genetics job-specific HIPAA Security 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