



UNIVERSITY of
ROCHESTER
MEDICAL CENTER

Office of Graduate Medical Education
601 Elmwood Avenue, Box 601G
Suite G-7654
Rochester, NY 14642
Phone 585.275.4607
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HIPAA Basic Training Attestation Statement for Resident/Fellow Physicians

**HIPAA training is required for all URM/Strong Health workforce members,
Including physicians, employees, students and volunteers**

I have read the on-line HIPAA basic training module which includes information regarding the Privacy and Security regulations and my responsibilities under those regulations.

I understand I must complete the HIPAA job-specific training within the first 30 days of my employment. I will notify my program coordinator when that has been completed.

Signature

Printed Name

Date

Please return to:

Graduate Medical Education Office
University of Rochester Medical Center
Strong Memorial Hospital
Box 601G, Suite G-7654
Rochester, NY 14642