



***Attestation Statement for Attending Physicians
HIPAA Job-Specific Training***

HIPAA Privacy and Security education **is required** for everyone in the University of Rochester Medical Center/Strong Health Organization, including physicians, students, volunteers and employees.

I have read and understand the HIPAA **PRIVACY** information that pertains to my responsibilities.

I have read and understand the HIPAA **SECURITY** information that pertains to my responsibilities.

Signature

Employee ID
(URMC/SH employees only)

Please Print Name

Date

Department

Return this form to your clinical department administrator to be placed in your departmental record.

HIPAA Privacy and Security Job-Specific Training
Deadline for Compliance: Within 30 days of Hire or Appointment

Department administrators: retain in physician's departmental file and send a copy of this form to Karen Crotinger, Physician Services, Box 612