

East Jefferson General Hospital
HIPAA Training



Volunteer Certification of Receipt and Understanding

I, _____
(PRINT NAME)

Certify that I have received training on:

- Passwords, unique ID
- Policies, procedures and other requirements applicable to the use of email, messenger.
- My personal obligation to protection of ePHI to ensure that there is no inappropriate disclosure of Protected Health information.
- The legal sanctions for improper disclosure of ePHI.
- East Jefferson General Hospital sanctions policy.

(SIGNATURE)

(DATE)