



Training Acknowledgement Form – Student Shadowing

HIPAA - Acknowledgement

By my signature below, I acknowledge that I have completed the HIPAA eLearning course and I understand that I am personally responsible for abiding by all HIPAA policies, procedures and principles taught at this training. I also understand the consequences of not abiding by these policies and procedures (up to and including termination of my employment).

Employee Name/Student Shadow

Employee/Student Signature

Date Signed