



HIPAA BASICS FOR PROVIDERS: PRIVACY, SECURITY AND BREACH NOTIFICATION RULES

Please sign and return this Training Certification Form once you have read the seven page training brochure available at this link:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf>

1. I understand that as a staff member affiliated with INTEGRIS Health, Inc., I will have access to protected health information during my affiliation with INTEGRIS. INTEGRIS has certain obligations to provide HIPAA training to members of its staff.
2. I have read the *HIPAA Basics for Providers: Privacy, Security and Breach Notification Rules* (“HIPAA Training”) and have either retained a copy for my reference or acknowledge that I may access it at the web link above.
3. I understand the HIPAA Training and will conduct myself in complete compliance with its requirements.
4. I understand that it is my responsibility to bring known or potential violations of HIPAA privacy, security or other violations of laws and regulations to the attention of the INTEGRIS Compliance and Privacy Officer. These matters may also be directed to the INTEGRIS Integrity Line, a 24-hour 7-day/week toll free hotline (888-243-9597) or to the anonymous web-based reporting link on the Corporate Compliance Department website.
5. I understand that INTEGRIS maintains a “non-retaliation” policy. I will not be retaliated against for reporting a concern in good faith.

Signature: _____

Date: _____

Printed Name: _____

Facility/Clinic/Ambulatory Location: _____

If you have any questions regarding this information, please contact Teresa A. Williams, JD, System Compliance and Privacy Officer at 405-951-4887 or teresa.williams@integrisok.com