

WHITMAN COUNTY LEOFF I BOARD
400 N Main Street, Colfax, WA 99111
(509) 397-5246
FAX (509) 397-2099

HIPAA ACKNOWLEDGEMENT

I, _____, hereby acknowledge that I have received, reviewed and understand the Whitman County Notice of Privacy Practices.

I have also received training regarding Whitman County privacy policies and HIPAA regulations. I have had an opportunity to ask questions of the County's Privacy Compliance Officer about general privacy and HIPAA requirements concerning my department and/or position.

I acknowledge that I am responsible for protecting the Protected Health Information that I may come in contact with during my employment at Whitman County. Violations of those rules may result in disciplinary action.

Should I have further questions, I understand that I may contact Kelli Campbell at (509) 397-6205.

Print Name

Signature

Date