AFTER VIEWING THE VIDEO ON THE WEB SITE, PLEASE COMPLETE ALL SECTIONS OF THE FORM BELOW, AND SUBMIT THE COMPLETED FORM TO THE APPROPRIATE PERSON AT YOUR ENTITY (SEE LINK BELOW THE VIDEO TO IDENTIFY WHO AT YOUR SITE IS RESPONSIBLE FOR DOCUMENTING AND TRACKING HIPAA TRAINING).

HIPAA PRIVACY AND CONFIDENTIALITY COMPLIANCE - GENERAL TRAINING

DATE:_____START TIME: _____END TIME: _____

TRAINER: P. PEARL O'ROURKE, M.D. (VIA WEB LINK)_____

Print Name	Partners ID #	Department	Location