

## Student Checklist for HIPAA

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Kaiser Permanente policies, all students must show evidence of HIPAA privacy training. In addition to the training, all students must sign, acknowledge, and understand the following:

Check Each Item Below

- \_\_\_\_\_ I acknowledge that I received and read the Kaiser Permanente “Privacy, Confidentiality and Security Fact Sheet” and “HIPAA Privacy Tips.”
- \_\_\_\_\_ I know that Kaiser Permanente has policies specific to HIPAA privacy and I know that I can access them on the KP intranet; if I have questions, I can ask the Clinic or Unit Manager or my instructor.
- \_\_\_\_\_ I have signed and returned the “Confidentiality and Security Agreement for Students.”
- \_\_\_\_\_ I have completed the HIPAA training through my school and can supply evidence of training upon request.
- \_\_\_\_\_ I will learn where in the clinic or unit Notice of Privacy Practice is posted.
- \_\_\_\_\_ I know that KP has a Privacy Office and Privacy Officer who can be reached at 206-448-2422.
- \_\_\_\_\_ I realize that there is a privacy complaint process and how to make a complaint (found on Confidentiality and Security Fact Sheet).

You can find these documents, more tools, and information regarding the privacy regulations policies and procedures on the KP intranet at <http://incontext.ghc.org/privacy/index.html>

If you have questions about HIPAA or privacy concerns at Kaiser Permanente, email the Privacy Office at [privacy.office@ghc.org](mailto:privacy.office@ghc.org)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Last/First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Student ID \_\_\_\_\_ **Full SSN** \_\_\_\_\_ (for Kaiser NUID # for computer access)

School \_\_\_\_\_ Location of Clinical Experience \_\_\_\_\_

Dates of clinical experience: From \_\_\_\_\_ To \_\_\_\_\_ Home Phone # \_\_\_\_\_

Type of Student    ARNP      RN      LPN      MA      Other \_\_\_\_\_

Submit the following items to Kaiser Permanente at least 1 week before your clinical experience is to begin:

1. Signed copy of this form
2. Signed copy of Confidentiality and Security Agreement for Students
3. Personal Email: \_\_\_\_\_

**Return signed paperwork to:**

[leigh.r.almond@kp.org](mailto:leigh.r.almond@kp.org)

FAX 206-877-0644