



FACILITY: _____

TITLE: Compliance / HIPAA Security Program

Instructions: Complete the fields below. **PRINT CLEARLY.**

Your Information		
LAST NAME	FIRST NAME	MIDDLE INITIAL
NUID #		
Primary Phone #	Alternate Contact #	
NURSING UNITS:	SCHOOL:	
Instructor Information		
LAST NAME	FIRST NAME	PHONE #

Completion Attestation

I understand that required compliance training is an important part of Kaiser Permanente's compliance program.

My signature indicates that I, and no one on my behalf, have completed the **General Compliance for Students**.

Principles of Responsibility Attestation

- I understand that the principles discussed in Kaiser Permanente's *Principles of Responsibility* apply to me.
- I have read, understood, and have familiarized myself with the *Principles of Responsibility*.
- I understand that I am expected to comply with Kaiser Permanente's security policies.
- If I have any questions about the *Principles of Responsibility*, I will seek clarification from the school liaison or the clinical site Nursing manager.
- I understand that I am expected to conduct myself in an ethical and responsible manner at all times, in accordance with the *Principles of Responsibility*.
- In addition to complying with the *Principles of Responsibility*, I understand that I am also required to report any suspected compliance or ethics concerns I become aware of. I further understand that I am protected from retaliation for reporting any such concerns.

Privacy and Security Compliance Attestation

- I have a responsibility to protect the privacy and security of member/patient identifiable information (MPII) and protected health information (PHI).
- I must assess the risks to the privacy and security of MPII/PHI in my work environment and take steps to reduce those risks.
- I should seek assistance from my Regional Privacy and Security Officer or Compliance Officer if I have questions about what my job and the law allows me to do.
- I should report to my instructor/supervisor, Privacy and Security Officer, Compliance Officer or Compliance Hotline if I suspect that someone is not following the law or policy.

X

SIGNATURE

DATE COMPLETED