

## Faculty Checklist for HIPAA

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

Check Each  
Item Below

- \_\_\_\_\_ I acknowledge that I received and read the Kaiser Permanent "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 Faculty."
- \_\_\_\_\_ I have completed the HIPAA training 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 206-448-2726.
- \_\_\_\_\_ 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/him/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)

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ School \_\_\_\_\_

KP facilities at which faculty member will supervise students \_\_\_\_\_

Type of students supervised     ARNP     RN     LPN     MA     Other \_\_\_\_\_

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

1. Signed copy of this form
2. Signed copy of Confidentiality and Security Agreement for Faculty

**Return signed paperwork to:**  
[leigh.r.almond@kp.org](mailto:leigh.r.almond@kp.org)  
FAX 206-877-0644