

CANTON CITY HEALTH DISTRICT

Attachment 1 - Employee Acknowledgement

Acknowledgement of HIPAA Policies and Procedures

Name _____

Date _____

I have reviewed and understand the HIPAA policies and procedures that are relevant to my job duties. These include:

Policy number	Description
1010	HIPAA – General Rules
1015	Clinical Data Collection
1020	Minimum Necessary
1030	Confidentiality Safeguards (Oral and Written)
1040	Speaking with the Family or Friends of a Patient Receiving Services
1050	Authorizations
1070	Minors, Personal Representatives and Deceased Patients
1080	Duty to Report Violations and Security Incidents
1090	Disclosures that do not Require an Authorization
3080	Computer Usage
3082	Social Media
3085	Portable Computing Devices and Home Computer Use

Further, I understand all other HIPAA policies that are relevant to my job duties.

I have been assigned my own User ID, will access the computer only with my User ID, and I will keep my password confidential. I further understand that the software used in the department tracks all records viewed, changed, deleted or printed based on User ID. I understand that I will be held responsible for all computer usage performed with my User ID, and that failure to follow these procedures could result in discipline, termination of employment, civil fines and/or criminal prosecution.

Signature: _____

Date: _____