



*Integrity • Honesty • Trust*

## Workforce HIPAA Education & Training Attestation Form

As a member of the workforce of St. Luke's University Health Network ("St. Luke's"), I must adhere to St. Luke's policies and procedures regarding HIPAA. I have reviewed, understood and shall abide by St. Luke's policies and regulatory requirements. I certify that I have completed the entire education and training regarding HIPAA set forth below. I understand that failure to comply with St. Luke's HIPAA policies and requirements may lead to corrective disciplinary actions (including dismissal), termination of contractual relationship, or other appropriate actions.

Name (Please Print): \_\_\_\_\_

Facility/Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Avoidable HIPAA Violations

Podcast: HIPAA Basics

Compliance: HIPAA video

IT Security: HIPAA PowerPoint