



CLINIC:

COURSE TITLE: HIPAA Compliance Training

COMPLETION DATE:

Instructions: Print and save this form for your records.

Your Information	
Your Name	Clinic Position
Phone Number	Email

Course Completion Attestation

I understand that required compliance training is an important part of RotaCare Bay Area's compliance program and that RotaCare Bay Area verified and audits the completion of training course. My signature indicates that I personally have reviewed and completed all portions of the *HIPPA Compliance 2014* course, and no one has completed any portion of this course on my behalf.

X

Signature

Date Completed