HIPAA Risk Assessment & Management Analysis
+ HITECH LAW / HIPAA Security Rule Policy
EMPLOYEE TRAINING ACKNOWLEDGEMENT

In signing this document, I declare that I have been fully trained and understand the materials and steps necessary to carry out and enforce the Risk Management & Risk Analysis Policies & Privacy/Security Practices in accordance with the HIPAA Omnibus Rules (to include HITECH LAW of 2010) for this facility. I will fully abide by these practices in accordance with our Administrator and Federal Law. I understand that HIPAA Laws & Technology changes; I will participate and uphold updates for this office as management deems necessary.

DATE	PRINT NAME	SIGNATURE