

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**ACKNOWLEDGMENT OF TRAINING
IN HIPAA & Corporate Compliance**

I hereby acknowledge that I have received training in the program "HIPAA – Awareness & Corporate Compliance" as required by the Maryland Department of Health and Mental Hygiene.

My training has included the following topics:

1. What is Corporate Compliance and who is responsible
2. How can Corporate Compliance be achieved
3. What are the Corporate Compliance resources
4. What is HIPAA
5. How does HIPAA relate to our role as DHMH employees

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(DATE)

(SIGNATURE OF EMPLOYEE)

(PRINT MANAGER'S NAME)

(PRINT EMPLOYEE NAME)

(PRINT ADMINISTRATION)

DIRECTIONS FOR THE EMPLOYEE

1. Complete this form, and sign it.
2. Send the original signed copy to your HR Officer, and also keep a copy for yourself and your supervisor.