

HIPAA Provider Training Acknowledgement & Attestation

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule.

HIPAA Privacy Rule

The Privacy Rule standards address the use and disclosure of individuals' health information (known as "protected health information") by entities subject to the Privacy Rule. These individuals and organizations are called "covered entities." The Privacy Rule also contains standards for individuals' rights to understand and control how their health information is used. A major goal of the Privacy Rule is to ensure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being. The Privacy Rule strikes a balance that permits important uses of information while protecting the privacy of people who seek care and healing.

An Authorized Person can complete the training attestation on behalf of your practice for each provider listed on page 2.

Please Print

Name of Contracted Entity/Practice Name:	Practice Address:
Practice TIN#:	Practice NPI#:

I am the only provider at my practice

Training- Option 1: Provided by HPSJ Training Date _____

Training-Option 2: Training Provided by _____ Training Date _____

I, _____, attest to having received the annually required
Print Provider/Authorized Name Here

Network Provider **HIPAA Training** and resources for the Medi-Cal/Medicaid program.

Provider/Authorized Signature _____ Date _____

Title: _____ Email: _____ Phone _____

Please send this completed form to HPSJ at providernetworks.verification@hpsj.com and fax 209-933-3700If you have more than one provider in your office, please complete the **additional** Acknowledgement & Attestation form attached.**



Annual Network Provider HIPAA Training Acknowledgement & Attestation form

Additional Providers below:

Provider's name (Last name, First Name)	Provider's Individual NPI#