

HIPAA Provider Training Acknowledgement & Attestation

Health Plan of San Joaquin, as a licensed health care services plan this training is mandated by California’s Department of Health Care Services (DHCS) and the Federal Centers for Medicare and Medicaid Services (CMS) to ensure providers, their employees, and delegated entities are meeting the unique and diverse needs of all members.

Health Plan of San Joaquin is required to provide annual HIPAA training to our participating provider network and delegated entities. Providers and their employees are required to either complete the HIPAA training offered on the HPSJ website or complete another, acceptable HIPAA training and provide proof of training. Proof can be a certificate of completion, training program outline, or a web link to the training.

After choosing one of the training options, providers must attest for themselves and their employees who completed the training by completing the attestation below.

An Authorized Person can complete the training attestation on behalf of your practice for each provider and staff.

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 HPSJatprovidernetworks.verification@hpsj.com and fax 209-933-3700
 This training is required for all providers and their staff. Please list all providers and staff who also completed the training.

