

## STUDENT ACKNOWLEDGEMENT OF TRAINING

By signing below, each student: acknowledges and agrees to comply with the Code of Conduct (effective March 9, 2011); acknowledges that the Code of Conduct represents mandatory policies of the Company; and agrees to abide by the Code of Conduct and all policies and procedures, protocols, guidelines and requirements of Swedish Medical Center. Each student signing below understands and acknowledges that the Code of Conduct and the all policies and procedures, protocols, guidelines and requirements of Swedish Medical Center are available to the student on the Swedish Medical Center Intranet and Atlas.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

### Acknowledgement of HIPAA Training

In order to ensure compliance with HIPAA, it is **MANDATORY** that you read the entire HIPAA Education packet provided by your Department Director. After reading the HIPAA Education packet, please complete this acknowledgement form and return it to your Department Director.

I, \_\_\_\_\_ (**print name**) have read the HIPAA Education Packet. I acknowledge that I understand what I have read and how it affects my job at Swedish Medical Center. I also understand this form will be filed in my departmental personnel file.

If I have questions regarding the HIPAA Education Packet or HIPAA in general, I will direct them to the Department Director, who will work with the Facility Privacy Official (FPO), to provide answers to my questions.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Name of School/University/College

\_\_\_\_\_  
Dept where student will have clinicals