



Code of Conduct Acknowledgement of Training

By signing below, each student/resident/other acknowledges and agrees to comply with the Code of Conduct; acknowledges the Code of Conduct represents mandatory policies of the Company; and agrees to abide by the Code of Conduct and all policies, procedures, protocols, guidelines and requirements of Swedish Medical Center. Each person signing below understands and acknowledges that the Code of Conduct and all policies and procedures, protocols, guidelines and requirements of Swedish Medical Center are available to individuals on the Swedish Medical Center intranet and Atlas.

Signature

Date

HIPAA Acknowledgement Form

I, _____, acknowledge that I have read and understand the HIPAA presentation training module. I understand that I am responsible for abiding by the Swedish Medical Center Privacy and Health Information Policies.

Signature _____

Date: _____

Print Name: _____
First Name Middle Initial Last Name

I am a ... Resident

Please return this form to: Gina Brooks, General Surgery Residency, at either regina.brooks@healthonecares.com or via fax at #303-847-0211.