I certify that:

1. I have reviewed Dane County’s Health Insurance Portability and Accountability Act (HIPAA) Confidentiality and Privacy Manual which outlines the policies and procedures regarding the privacy and security of Protected Health Information (PHI), Electronic Protected Health Information (ePHI), HIPAA, and applicable State laws as determined by Dane County to be necessary and appropriate for me to carry out my specific job responsibilities.

2. I agree specifically to act in accordance with the policies and procedures of Dane County as stated in the Manual and outlined in the training.

3. I have had the opportunity to ask questions. In the event any further questions or concerns about these topics arise, I agree to contact the Dane County HIPAA Privacy & Security Officer and/or my Supervisor to discuss such issues.

Staff Signature Date