UNIVERSITY SPECIALTY CLINICS®

ATTESTATION OF HIPAA SECURITY TRAINING

I am aware that the HIPAA Security Regulations require security measures to protect confidential or protected information in addition to the requirements of the Privacy Regulations. I attest that I have taken the HIPAA Security training provided by the Office of Information Technology. I understand that it is my responsibility to ask the Security Contact in my department or the Administrative Director in my department about any part of the training that I do not understand. I understand that, by not following my department's security procedures, I could be subject to disciplinary actions or civil or criminal penalties.

_____   _____

SIGNATURE   **DATE**

_____

PRINT NAME

_____

DEPARTMENT / CLASS

Please complete this form and return to:

USC School of Medicine
Office of Information Technology
6311 Garners Ferry Road
Columbia, SC 29208

Fax
(803) 216-3110