

EMPLOYEE TRAINING CERTIFICATION

Both the HIPAA Privacy and Security Rules require our pharmacy to have an on-going, documented training program for all of our employees whose positions require access to our patients' PHI. Our program must also keep a record of training sessions' topics and attendance. Accordingly, after each session, please complete this form and hand it in to the Session Leader.

Your participation in our training program is highly appreciated. Thank you.

TRAINING DATE: _____

TRAINER: _____
Print Name and Position

EMPLOYEE: _____
Print Name and Position

The following list of topics are simply examples. In your training program, you may choose other topics as discussed in this manual or as related to the pharmacy's operations.

SESSION TOPICS (Please Check):

1. Notice of Privacy Practices: ____
2. Pharmacy Policies and Procedures: ____
3. Permitted Uses and Disclosures of PHI: ____
4. Recognizing a Breach of Security: ____
5. Use of Mobile Electronic Devices: ____
6. Operating Under Emergency Conditions: ____
7. Other (Please List):

I certify that I understand the objectives and requirements of the Privacy and Security Rules as they apply to my position in the pharmacy, and that I will abide by them to the best of my ability. Further, I agree that when in doubt of what is needed to act in a manner that complies with those objectives and requirements I will consult the Privacy/Security Official or, if absent, the senior licensed pharmacy employee on duty.

Employee's Signature