



**Doctors Care HIPAA  
Training Acknowledgement**

**Module Name: HIPAA BASICS**

Please answer the following questions as evidence of the participation in the HIPAA training as well as acknowledgment of how this information applies to you as a Doctors Care employee, volunteer, intern or any other capacity that interacts with Protected Health Information (PHI).

1. Patients have access to their own medical records. In order to obtain these records patients have to verbally ask for them, no proof of identification is needed. True/False \_\_\_\_\_
2. All documents that contain Protected Health Information must be shredded, not thrown away. True/False \_\_\_\_\_
3. Any individual can be held personally liable for knowingly violating HIPAA, the penalties can include fines. True/False \_\_\_\_\_
4. It is okay to talk about a patient in a public area, you just cannot use their name. True/False \_\_\_\_\_

I have read and understand the intent and contents of this training module. I understand that I am responsible for abiding by the Health Information Protection & Accountability Act (HIPAA).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ First, Middle Initial and Last

**Department:** \_\_\_\_\_