

Sedgwick County
Health Insurance Portability and Accountability Act
BASIC Training Acknowledgement Form

All Sedgwick County employees will be trained in the Privacy Regulations in accordance with the **Health Insurance Portability and Accountability Act (HIPAA)** 45 CFR Section 164.530 (b). The employee's role and access to Protected Health Information within Sedgwick County will be related to the level of training required.

I, the undersigned, hereby acknowledge that I have read and understand the above written Sedgwick County Basic Training and agree to abide by the HIPAA policies demonstrated through the training.

I understand this Acknowledgement does not in any way constitute an employment contract, and Sedgwick County reserves the right to amend this training and dependent HIPAA policies at any time, without prior notice to me.

Employee Name-Printed

Date

Employee Signature

Sedgwick County Department