

University of Miami Miller School of Medicine
HIPAA Training Certification Form for Medical Students

Instructions:

1. Print this form.
2. Read the modules and take the quizzes listed below.
3. Check the box and write in the date for each item that you complete.
4. Sign this form and turn it in to the Office of Student Affairs at Registration.

	DATE	MODULE
<input type="checkbox"/>		Health Privacy: Special Issues for Clinicians
<input type="checkbox"/>		Health Privacy: Special Issues for Students and Instructors
<input type="checkbox"/>		Basics of Being Secure, part 1
<input type="checkbox"/>		Basics of Being Secure, part 2

	DATE	QUIZZES
<input type="checkbox"/>		Health Privacy: Special Issues for Clinicians
<input type="checkbox"/>		Health Privacy: Special Issues for Students and Instructors
<input type="checkbox"/>		Basics of Being Secure

By my signature, I certify that I have read the modules and taken the quizzes checked above.

Name [print]: _____ UM ID: _____

Signature: _____ DATE: _____