Health Insurance Portability and Accountability Act (HIPAA)

All students are required to complete HIPAA training by watching three videos covering URMC and Affiliates policies and the federal regulations governing the privacy and security of protected health information.

Privacy issues addressed in this law and URMC and Affiliates policies:

Protecting patient rights - giving patients access to their health information and control over how it will be used, including:
- Notice of Privacy Practices
- Patient access and amendment of records
- Accounting of disclosures
- Complaints

Protecting the security and privacy of all medical records and other health information that is used or shared in any form, whether on paper, electronically or orally, including:
- Safeguards – administrative, physical, technical
- Appropriate uses and disclosures
- Authorization requirements
- Minimum necessary standards
- De-identification of protected health information
- Research activities
- Breach notification requirements

Security issues addressed in this law and URMC and Affiliates policies:

Protecting the security of electronic protected health information (ePHI) including:
- Physical security
- Passwords
- Mobile devices and media
- Faxing/e-mailing PHI
- Disposal of PHI
- Theft of PHI
- Systems Administration

If you have already watched this video as an employee of URMC and Affiliates within the past two years, please complete Option I, otherwise please complete Option II.

Continued on reverse
Health Insurance Portability and Accountability Act (HIPAA)

**OPTION I:**

_____ Yes, I watched the HIPAA Privacy and Security training video on _______________.

Date

Place of URMC and Affiliates Employment

Print Name __________________________________ Signature ______________________________

**OPTION II:**

You may view the HIPAA video by typing the link below into your URL. Or you may go to the School of Nursing website – son.rochester.edu – click on quick links – then forms – then HIPAA Video. The video is 35 minutes.

[http://son.rochester.edu/r/HIPAA-Video](http://son.rochester.edu/r/HIPAA-Video)

_____ Yes, I watched the HIPAA Privacy and Security training video on _______________.

Date

Print Name __________________________________ Signature ______________________________

PLEASE RETURN THIS COMPLETED FORM TO:
THE OFFICE OF STUDENT AFFAIRS
Helen Wood Hall - 1w126
585-275-2375 or fax this form to 585-756-8299

Revised
5-15 TB