HIPAA PRACTICE TRAINING RECORD

Title Of Training Session:

Speaker/s:	Location:
Date:	# Of Hours:

Attendee Name	Job Title	Department	Employee Signature

Manager's Signature:	Date:
Privacy Officer Signature:	Date:

SAMPLE

RETAIN IN HIPAA COMPLIANCE MANUAL

FOR SECURITY PURPOSES THIS DOCUMENT HAS A COLORED BACKGROUND TO PREVENT UNAUTHORIZED DUPLICATION.

Form 102

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