UCI Health

Acknowledgement of Review of the UCI Health Privacy & Security Training: Federal & State Healthcare Privacy Laws

By signing below, I acknowledge that I have read the University of California Privacy Training course and confidentiality statement and agree to abide by UC policy and Federal/State privacy laws.

_____	_____
Student Name	Student Signature
_____	_____
Date	School

_____

School Coordinator Date

Please note that only this page from this packet needs to be returned to the Education Department.