

**COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH
FAMILY HEALTH SERVICES SECTION
ACKNOWLEDGEMENT FORM**

I acknowledge that I have read and received a copy of the **Standard Practice on the Custody and Transportation of Protected Health Information for Volunteers, Student Interns and Instructors** and agree to comply fully with this policy to safeguard all protected health information I am given.

Printed Name

Signature

Date

Public Health Program or Section

Signature Program Manager or Designee

Date