



**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.**