

Employee Acknowledgement Form

I have read, understand, and agree to comply with the HIPAA Policy and Procedures Manual. I am aware that violations of any of these Policies and Procedures may subject me to disciplinary action and may include termination of my employment subject to the Sanction Policy contained herein.

By signing this Agreement, I agree to comply with the term and conditions of this document and acknowledge that my failure to read this Agreement is not an excuse for violating it.

Employee Signature:

Printed Name	Signature	Date

Supervisor Acknowledgement:

Printed Name	Signature	Date
