

**WEST KENTUCKY COMMUNITY & TECHNICAL COLLEGE
NURSING DIVISION
HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT
INSTRUCTION SESSION**

I attended the instructional session on the Health Insurance Portability & Accountability Act (HIPAA) on (date and time) _____, taught by _____.

I understand the privacy and confidentiality policies of the clinical facilities I will be attending for my clinical experiences. I know the condition information terminology, the policies regarding “privacy patients” and the disclosure of protected information. I also know the “safeguards” to confidentiality and the penalties for violation of HIPAA.

NAME (Please Print)

PROGRAM

SIGNATURE

DATE