Belmont College Nursing Program Student Understanding of HIPAA

HIPAA (Health Insurance Portability and Accountability Act) Training

I confirm that I have received HIPAA training and agree to follow the guidelines set forth.
I understand that this signed statement will be in effect for the duration of the Nursing Program. I understand that violations of HIPAA will result in disciplinary measures up to and including removal from the nursing program.

Student Signature:

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Printed Name:

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Date:
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