

General HIPAA Privacy Training Certificate

This certifies that I have completed the Jefferson Health New Jersey compliance training program for volunteers to meet the training requirements of the Health Insurance Portability and Accountability Act (HIPAA).

I understand and agree that it is my responsibility to maintain confidentiality for all patients using services at Jefferson Health New Jersey. I understand that protecting the confidentiality of patient information includes protecting both the patient's personal identity and the patient's health related information.

I understand that any use, sale, barter, or disclosure of confidential patient information for purposes outside of the scope of my service at Jefferson is prohibited, and that such disclosures may also be in violation of state or federal law. Violating confidentiality outside of the scope of my service may lead to loss of volunteer service and potential personal liability for civil or criminal penalties.

Print Volunteer Name Dept. Campus/Location

Volunteer Signature Date / /