



College of Nursing

ATTESTATION OF HIPAA COMPLIANCE

I am aware that the HIPAA Security Regulations require security measures to protect confidential or protected information in addition to the requirements of the Privacy Regulations.

I understand that under no circumstances should I store any PHI stored on the CON AWS server locally on my desktop or otherwise save any CON Server data to an external location that is not encrypted.

I attest that I have read the HIPAA Security training provided by CON Technology Support. I understand that it is my responsibility to ask the Security Contacts in my department or the Administrative Director in my department about any part of the training that I do not understand.

I understand that, by not following my department's security procedures, I could be subject to disciplinary actions or civil or criminal penalties.

SIGNATURE

DATE

PRINT NAME

DEPARTMENT / CLASS

Please complete this form and return to:

Nursing TRC
Room 315
Phone 777-1213