



**CONFIRMATION OF HIPAA PRIVACY
AND SECURITY TRAINING**

I, _____, hereby certify that I have reviewed the training session presented by Beverly Hospital in Montebello, California, on the Privacy and Security requirements of HIPAA. I understand that I must fully comply with these requirements in order to maintain access to protected health information at Beverly Hospital.

Executed at Montebello, California

Print Name: _____

Signature: _____

Date: _____