



**Student Checklist for HIPAA**

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Group Health policies, all students must show evidence of HIPAA privacy training. In addition to the training, all students must sign, acknowledge, and understand the following:

Check Each Item Below

- \_\_\_\_\_ I acknowledge that I received and read the Group Health Cooperative “Confidentiality and Security Fact Sheet” and “HIPAA Privacy Tips.”
- \_\_\_\_\_ I know that Group Health has policies specific to HIPAA privacy and I know that I can access them on the GHC intranet; if I have questions, I can ask the Clinic or Unit Manager or my instructor.
- \_\_\_\_\_ I have signed and returned the “Confidentiality and Security Agreement.”
- \_\_\_\_\_ I have completed the HIPAA training through my school and can supply evidence of training upon request.
- \_\_\_\_\_ I will learn where in the clinic or unit Notice of Privacy Practice is posted.
- \_\_\_\_\_ I know that GHC has a Privacy Office and Privacy Officer who can be reached at 206-448-2422.
- \_\_\_\_\_ I realize that there is a privacy complaint process and how to make a complaint (found on Confidentiality and Security Fact Sheet).

You can find these documents, more tools, and information regarding the privacy regulations policies and procedures on the GHC intranet at <http://incontext.ghc.org/privacy/index.html>

If you have questions about HIPAA or privacy concerns at Group Health Cooperative, email the Privacy Office at [privacy.office@ghc.org](mailto:privacy.office@ghc.org)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

School \_\_\_\_\_ Instructor \_\_\_\_\_

Dates of clinical experience: From \_\_\_\_\_ To \_\_\_\_\_

Submit the following items to Group Health Cooperative at least 1 week before your clinical experience is to begin:

1. Signed copy of this form
2. Signed copy of Confidentiality and Security Agreement

**Send all paperwork to:  
Nursing Operations; 320 Westlake Avenue North; Suite 100; Seattle, WA 98109  
FAX 206-877-0644**