

BlueCross BlueShield of South Carolina and Its Subsidiaries

# HIPAA/Compliance/Rules of Behavior/ Security Awareness Attestation



Instructor: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Class: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ BlueCross ID: \_\_\_\_\_

I hereby attest that I have received, read and understood the course listed above and will comply with the Corporate Code of Conduct, which includes Privacy and Security Rules, the Rules of Behavior and other laws that affect our business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_