Both new employees and existing employees are expected to undergo training about HIPAA and the company's policies and procedures. Existing employees are expected to undergo training each year, while new employees are expected to receive training within 30 days of hire. The following checklist is to be used to safeguard access to confidential information when employment ends.

| HIPAA Training Checklist  Document of Record for a HIPAA Training                                     |                                 |       |
|---|---------------------------------|-------|
| Employee  | Date of Training                |       |
| Title   |                                 |       |
| Status  | New Employee or Annual Training |       |
| <del></del>   |                                 |       |
|   |                                 |       |
| General   |                                 |       |
| HIPAA Privacy, Security, and Breach notification rules  |                                 |       |
| Understand ePHI and Confidential Information, when to use, restrictions, etc.                         |                                 |       |
| Risk Management Procedures and documentation  |                                 |       |
| Auditing: Expectations that all access and activities will be monitored.                              |                                 |       |
| ☐ Workstation: Use, restrictions, expectations.   |                                 |       |
| Reporting suspicious behavior, vulnerabilities, and other problems.                                   |                                 |       |
| Securing workstation, account, and other resources (passwords, etc)                                   |                                 |       |
| Requirements and expectations of Supervisors (termination procedures, change in employees role, etc.) |                                 |       |
| Procedures to backup, dispose of, and move ePHI and Confidential Information.                         |                                 |       |
|   |                                 |       |
| Job Specific Training   |                                 |       |
|   |                                 |       |
|   |                                 |       |
|   |                                 |       |
| Authorization   |                                 |       |
| Name Completed By   |                                 | Date: |
| Title   |                                 |       |
| Privacy Officer signate   | ure and confirmation            | Date: |