**HIPPA COMPLIANCE SIGNATURE FORM**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**My Commitment to Compliance**

I have been taught and understood fully our office’s HIPPA rules and regulations. I agree to do all that I can, within my area of responsibility to maintain up-to-date knowledge about Federal and State Laws and program requirements. I will comply with these requirements to the best of my ability, and to immediately let the Compliance Officer know if there is any area(s) where I feel our office is not in compliance with these laws and program requirements. Our policy is a simple, yet powerful four-step process: Keep up-to-date, Educate, Comply, and Audit/Correct;

1. We seek to maintain **up-to-date** knowledge about Federal and State Laws pertaining to the protection of our patients’ Protected Health Information
2. We **educate** our team and keep them up-to-date about Federal and State Laws as it applies to Protected Health Information
3. Our Policy is to **comply** with all Federal and State Laws governing Protected Health Information

We desire that all our team are particularly cognizant of the fact that all protected patient information must be treated with the upmost attention, accuracy, honesty, and integrity. We seek to educate and carry out these policies with all of our team, and where appropriate contractors and other agents.

I agree with our policy and will do all that I can to apply with all the regulatory laws pertaining to personal protected patient information. I understand that our office has an open-door policy and that I may discuss any problem(s) I feel may occur with or without worry of recourse with my supervisor or supervisors.

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Signature

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Signature of Compliance Officer