

BALL STATE UNIVERSITY
COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY
SCHOOL OF NURSING

STUDENT VERIFICATION OF HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Health Insurance Portability and Accountability Act (HIPAA) is designed for health care providers to assure health insurance portability, and guarantee integrity and confidentiality of health information.

Because nursing students may have direct contact with client/patient information, the School of Nursing is requiring training in HIPAA. This form will be retained in the School of Nursing offices as documentation of training in HIPAA.

I, _____, have received HIPAA training.
Print name

Verification of student's training on HIPAA: Date: _____

Instructor

Site of Education

(print name)

Institution: _____

(signature)

Address: _____

City, State, Zip Code: _____

Verification of student's training on HIPAA: Date: _____

Instructor

Site of Education

(print name)

Institution: _____

(signature)

Address: _____

City, State, Zip Code: _____

Verification of student's training on HIPAA: Date: _____

Instructor

Site of Education

(print name)

Institution: _____

(signature)

Address: _____

City, State, Zip Code: _____