Wyoming Department of Health

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Thomas O. Forslund, Director

Governor Matthew H. Mead

Form Title:	Acknowledgment of Training
Form Number:	F-002
Effective Date:	July 1, 2013
Approval:	_____ _____ Thomas O. Forslund, Director Date

Acknowledgment of Privacy and Security Training

I, _____, have completed training on the Wyoming Department of Health (WDH) privacy and security policies and practices as they relate to compliance with federal law, including the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Omnibus Rule, and state law. I agree to adhere to the department's privacy and security policies and procedures and to state and federal law. I understand that willful acts of non-compliance may result in disciplinary action up to and including dismissal from WDH and legal action for violation of applicable regulations and laws.

_____
Employee Name (Please Print)

_____
Employee Signature

_____
Date

Signature:

Email: