



Acknowledgment of Company ID and Access Card

This is to acknowledge the receipt of the following company property:

1. Company ID with sling
2. Access Card

For any loss, damage and/or replacement of Access card and company ID sling will have a penalty of:

- Company Sling – Php 100.00
- Access Card – Php 500.00
- Montage Key Card – Php 700.00 (For employees assigned in Montage building only)

By signing this form, I agree that I am responsible for the company property issued to me and agree that I will use it in the manner intended. Upon separation from iPloy, Inc., I will return the access card, company ID and sling in good condition. I also understand that I have to pay the specified items issued to me that are damaged or lost in my possession. In this regard, failure to return the company asset/s in good condition and/or in case of loss, I hereby authorize a payroll deduction to cover its replacement cost. Moreover, I was informed that in case of loss either of the above-mentioned company issued assets, I am obliged to secure affidavit of loss.

Acknowledged by:

MARVE MENDOZA 12-26-23
Signature Over Printed Name/Date
Employee ID: 4357

Released by:

Signature Over Printed Name/Date
Employee ID: _____

nibus Rule

ability of accessing, handling and securing hardcopy and electronic formats. Unsecured Insurance Portability and Accountability Act

the Omnibus Rule.

will consult with iPloy's appointed security at

my responsibility to secure PHI and to notify my appointed PHI.

Date 12-26-23





HIPAA, HITECH and The Omnibus Rule

I understand I have been identified as a team member who has the responsibility of accessing, handling and securing Protected Health Information (PHI). I understand PHI is contained in both hardcopy and electronic formats. Unsecured and unencrypted PHI can lead to a breach as defined under the Health Insurance Portability and Accountability Act (HIPAA) Breach Notification Rule 45 CFR 164.400-414.

I have participated in the HIPAA training session: HIPAA, HITECH and The Omnibus Rule.

I understand that if I have questions at any time regarding HIPAA or PHI, I will consult with iPloy's appointed security or compliance officer.

My signature below confirms my understanding of the training material, my responsibility to secure PHI and to notify my supervisor of incidents and/or complaints related to unsecure and unencrypted PHI.

Employee Signature 
MARIE MENDIZA

Date 12-26-23

