

HIPAA, HITECH and The Omnibus Rule

I understand I have been identified as a team member who has the responsibility of accessing, handling
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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 the QMES Chief 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 _	NUPSEN TROSAS		Date	4/28/2018
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