

Training Record

Please print this form and complete the required information to acknowledge that you have received this training material and reviewed for understanding of compliance requirements. Make a copy for your records and return the completed form to:

DPH Human Resources/HIPAA Coordinator

1930 Mail Service Center

Raleigh, NC 27699-1930.

Training: “NC DPH Privacy Basic Training”

Date

Completed: _____

Print Name: _____

Signature: _____

Section: _____