Maricopa County Ryan White Part A Program Admin Condition of Award – HIPAA

PROVIDER NAME: GRANT YEAR:

The Department of Health and Human Services requires grantees, their sub grantees and subcontractors understand and comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. § 1320d *et seq.*, including the requirement to report data breaches to the Office for Civil Rights (OCR).

The provider must submit the following:

- 1. Documentation of staff completion of HIPAA training within the past year, OR
- 2. Scheduled dates that the staff members will complete their HIPAA training by June 30th (Agencies that do not have agency specific HIPAA Training may request the Maricopa County HIPAA training module. Please contact Jeremy Hyvarinen at 602-506-6181 to obtain a CD with this training module)

Maricopa County Ryan White Part A Program Admin Condition of Award – HIPAA



MARICOPA COUNTY RYAN WHITE PART A HIPAA TRAINING ATTESTATION

Maricopa County HIPAA Training Program –	New Employee	
By my signature and date below, I attest that I have completed, understand and agree to comply with the policies and procedures set forth in the HIPAA training program indicated above.		
PRINTED NAME	SIGNATURE	DATE