**Vitality University**

**HIPAA TRAINING ACKNOWLEDGMENT FORM**

###### I, , acknowledge that I have received the following HIPAA training, and that I understand the content of the training. The HIPAA training I have received is consistent with my job description and/or stage of clinical training.

**STUDENT OBSERVERS:** I have read, and I understand, the contents of VU's Clinic Handbook, as well as the “Student Clinic Checklist for HIPAA Regulations” which is included in the orientation material presented to me.

 **STUDENT ADVANCED PRACTICE (Doctor of Acupuncture with Chinese Herbal Medicine Specialization):** I have read, and I understand, VU's Clinic Handbook, as well as the HIPAA informational packet for Student interns which is included in the orientation material for practitioners in VU's Faculty/Student Clinic.

###### Trainee Signature Date

###### Administrator Signature Date