



Acknowledgment of Regis University HIPAA Privacy & Security Policy & Practices

By signing this form, I acknowledge that I have read and understand my responsibilities for following and abiding to the Regis University privacy and security policies and practices for Protected Health Information (PHI) and Individually Identifiable Health Information. Furthermore, I agree not to divulge the contents of or to provide access to any student documents in my possession that contain PHI or IIHI to another student during the current or ensuing semesters.

In the event I become aware of the unauthorized use or disclosure of PHI or ePHI that is under the control and protection of Regis University, I will report the incident within 5 days of discovery to:

Sheila Carlon, HSA Division Director
Regis University
3333 Regis Blvd.
Denver, CO 80221
303 458 4108
PrivacyOfficer@Regis.edu

I understand that all reported violations are reviewed by the Regis University HIPAA Privacy & Security Committee to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. I understand these sanctions may include notification of the student's advisor with a note in the student's advising file, reductions in the grade for the course up to and including failure, termination from the program or other remedial actions as directed by the Regis University HIPAA Privacy & Security Committee.

Signature: _____

Printed Name: _____

Date: _____