

LAKE REGIONAL HEALTH SYSTEM

**HIPAA COMPLIANCE PROGRAM
ACKNOWLEDGEMENT**

I have read and agree to abide by the Privacy and Security Agreement (Human Resources policy #612-605, Subject: Confidentiality) of Lake Regional Health System as part of the HIPAA Compliance Program. The HIPAA Compliance Program consists of the Privacy Compliance Plan and the Security Compliance Plan, herein "HCP". I further agree to seek clarification from my supervisor, the HIPAA Compliance Officer, the HIPAA Privacy Officer, the HIPAA Security Officer, or the Chief Executive Officer if I do not understand any aspect of the HCP. I understand that the full text of the Program and policies is available through the Hospital's intranet, (known as the FISH). I am aware that any violation of the law, a regulation, or the HCP may subject me to disciplinary action, up to and including termination. I also understand that I am responsible for reporting all such violations. To my knowledge, I am not aware of any incidents in which law, regulations, or the HCP have been violated. Lake Regional Health System reserves the right to modify the HCP policies, programs and plans at its sole discretion.

Name: _____

Signature: _____

Date: _____