

University of Rochester  
School of Nursing

**Health Insurance Portability and Accountability Act (HIPAA)**

All students are required to complete HIPAA training by watching three videos covering URMC and Affiliates policies and the federal regulations governing the privacy and security of protected health information.

**Privacy issues addressed in this law and URMC and Affiliates policies:**

Protecting patient rights - giving patients access to their health information and control over how it will be used, including:

- Notice of Privacy Practices
- Patient access and amendment of records
- Accounting of disclosures
- Complaints

Protecting the security and privacy of all medical records and other health information that is used or shared in any form, whether on paper, electronically or orally, including:

- Safeguards – administrative, physical, technical
- Appropriate uses and disclosures
- Authorization requirements
- Minimum necessary standards
- De-identification of protected health information
- Research activities
- Breach notification requirements

**Security issues addressed in this law and URMC and Affiliates policies:**

Protecting the security of electronic protected health information (ePHI) including:

- Physical security
- Passwords
- Mobile devices and media
- Faxing/e-mailing PHI
- Disposal of PHI
- Theft of PHI
- Systems Administration

If you have already watched this video as an employee of URMC and Affiliates **within the past two years**, please complete Option I, otherwise please complete Option II.

**Continued on reverse**

# Health Insurance Portability and Accountability Act (HIPAA)

## OPTION I:

\_\_\_\_\_ Yes, I watched the HIPAA Privacy and Security training video on \_\_\_\_\_.  
Date

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Place of URMC and Affiliates Employment

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Print Name

Signature

## OPTION II:

You may view the HIPAA video by typing the link below into your URL. Or you may go to the School of Nursing website – son.rochester.edu – click on quick links – then forms – then HIPAA Video. The video is 35 minutes.

<http://son.rochester.edu/r/HIPAA-Video>

\_\_\_\_\_ Yes, I watched the HIPAA Privacy and Security training video on \_\_\_\_\_.  
Date

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Print Name

Signature

**PLEASE RETURN THIS COMPLETED FORM TO:  
THE OFFICE OF STUDENT AFFAIRS  
Helen Wood Hall - 1w126  
585-275-2375 or fax this form to 585-756-8299**

Revised  
5-15 TB