



Student Shadowing HIPAA Attestation

I, _____, hereby attest that I have completed the following HIPAA training modules:

- 1. The HIPAA Omnibus Rule
- 2. Treatment, Payment, & Health Care Operations

I understand the importance of safeguarding Protected Health Information (PHI) and will comply with all HIPAA regulations. I will adhere to the privacy and security standards outlined in the above training videos. I understand that failure to adhere to the standards outlined in the training video will result in immediate dismissal from the Detroit Medical Center and other potential penalties as required by law.

Signature: _____

Printed Name: _____

Date: _____