

ACKNOWLEDGEMENT OF RECEIPT OF DEPARTMENTAL POLICY

I certify that I have received a copy of the **2013 HIPAA Privacy and Security Policy**. I understand that it is my responsibility to read this policy and be familiar with its contents and how it relates to me as an employee of the Alabama Department of Public Health. I also understand that if I have questions concerning any part of this policy, I may ask my supervisor for clarification.

Print Name: _____ Date: _____

Signature: _____

Print Supervisor's Name: _____

County or State Work Unit: _____