

EMPLOYEE HIPAA TRAINING SIGN-IN SHEET

TOPIC:	HIPAA Privacy and Security Training	
PRESENTER:	Brian Gilmore, ABD Lead Benefits Counsel	
DATE:		
TIME:		

EMPLOYEE NAME	EMPLOYEE SIGNATURE
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	