

## **HIPAA Training and Volunteer Guidelines**

This is my acknowledgement that I have been provided training for the HIPAA Privacy Regulations provided by Results Physiotherapy.

I have read and understand Results Physiotherapy HIPAA Training and am familiar with the volunteer guidelines that include:

- Patient Rights
- Volunteer Guidelines

I understand that I can contact the Privacy Officer with any questions concerning the regulations.

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**Employee Signature**

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**Date**

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**Print Name**