



13001 Southern Boulevard  
Loxahatchee, FL 33470  
(561) 798-3300

## HIPAA Privacy/Security: Student Orientation Validation

I, \_\_\_\_\_, have been oriented to the HIPAA  
(Print Name)

Privacy/Security policies of Palms West Hospital. I understand the patients' privacy rights, and my responsibilities to protect them.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

This file must be retained with the student's record for a period no shorter than six years. Please contact the Facility Privacy Official if you have any questions.