

HIPAA TRAINING ACKNOWLEDGMENT

I, the undersigned, make the following certifications and representations:

- a) I have attended an HIPAA Privacy Policy presentation; and
- b) I have read the Illinois Educators Risk Management Program Group Health Plan (the "Plan") Privacy Policies and Procedures, understand their terms, and agree to be bound by them; and
- c) I acknowledge that compliance with HIPAA and the Plan's Privacy Policies and Procedures is a material condition of my employment and/or representation of the Plan and that my failure to comply with them could result in disciplinary action.

My Name: _____

My Signature: _____

Today's Date: _____

As a representative of the Plan, I acknowledge the receipt of this acknowledgment as of the above date.

Name: _____

Title: _____