

South Fayette Township School District

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Health Insurance Portability Accountability Act (HIPAA) Training Form

I, _____ have participated in the HIPAA Training regarding the rules and regulations of HIPAA and I have been made aware of my expectations as an employee in the South Fayette Township School District, I understand that I cannot release medical or mental health information (verbal, written or electronic) regarding a colleague and/or a student without authorization, except with respect to disclosure for treatment, insurance payment activities and school operations. Any other disclosure is a violation of HIPAA, which can result in significant civil and criminal penalties including fines and imprisonment. Also, I understand that South Fayette Township School District reserves the right to bypass the progressive disciplinary step to impose a suspension and/or discharge depending upon the severity and frequency of the violation.

Signature

Date