

Information Privacy & Security & HIPAA Training



As a Covered Person under the Tenet Healthcare Corporation Quality, Compliance and Ethics Program Charter, I certify that I viewed and agree to abide by the requirements of the “Information Privacy & Security & HIPAA Training “

Name (please print): _____

Date of Session: _____

Signature: _____

Link to the video:

<https://www.youtube.com/watch?v=QWRn2r5R7ts&index=2&list=PLACD9536723837201>