



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.