# Student Placement Tip Sheet HIPAA Privacy & Information Security Training

#### Introduction

In this scenario, learners will complete the UCLA Health HIPAA Training and submit the correct documentation for their student placement at UCLA Health.

 From your internet browser, launch the HIPAA Privacy & Information Security Training.

Note: Recommended browsers include Google Chrome or Microsoft Edge. Welcome to

**HIPAA Privacy and Information Security Training** 

Click here to begin...



Training Module Link: HIPAA Privacy & Information Security Training.

2. Follow the prompts to complete the 10-minute module.

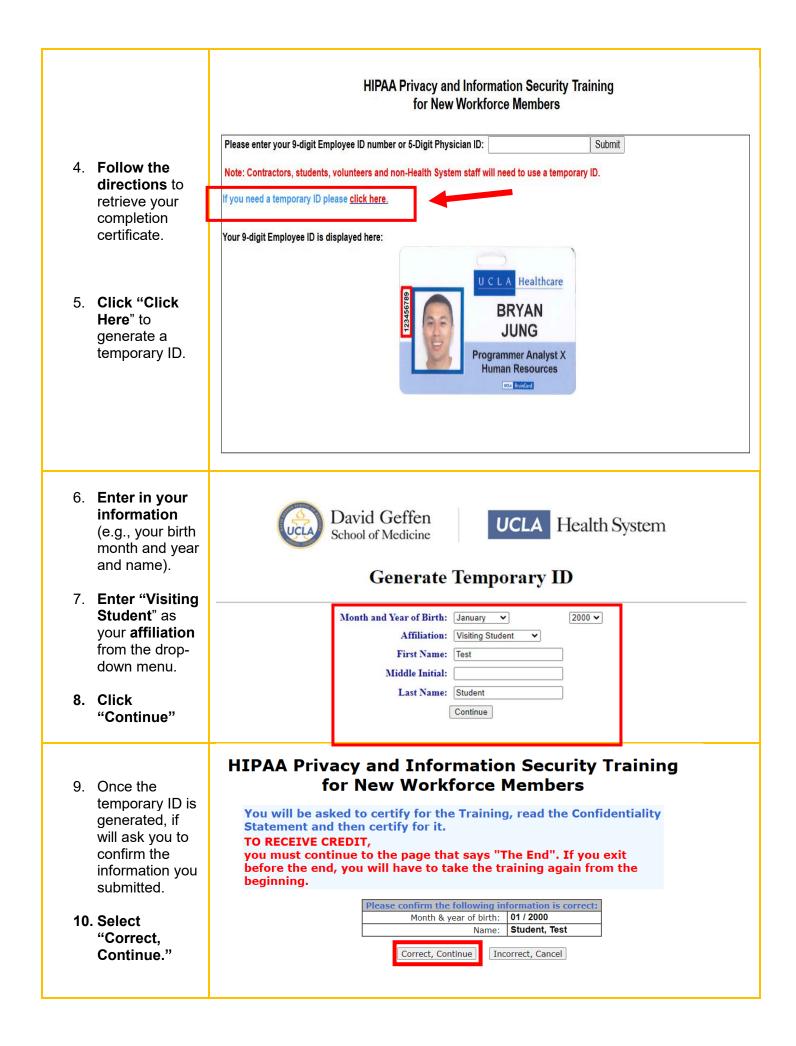


3. Once the module is complete, select continue.

Thank you for completing the training.

Please click continue to complete the certification process in order to receive training credit.

CONTINUE



#### **HIPAA Privacy and Information Security Training** for New Workforce Members

By clicking below, I, <u>TEST A TEST</u>, certify that on 9/25/2025 I have read, understand or know where to ask questions about and agree to abide by the Policies and Procedures associated with the UCLA OCR Resolution Agreement and completed the HIPAA Privacy and Information Security Training for New Workforce Members.

11. You must click "I Certify" that you agree to the statement on the screen.



12. Please read the Confidentiality Agreement carefully as you will be asked to **certify** your agreement

## \*\* DO NOT close your browser.

below.

13. After reading, scroll to the end of the page, click "I Certify"





#### **HIPAA Privacy and Information Security Training** for New Workforce Members

Please read the Confidentiality Agreement carefully as you will be asked to certify your agreement below.

Applies to all UCLA Health System "workforce members" including: employees, medical staff and other health care professionals; volunteers; agency, temporary an and interns (regardless of whether they are UCLA trainees or rotating through UCLA Health System facilities from another institution).

It is the responsibility of all UCLA Health System workforce members, as defined above, including employees, medical staff, house staff, students and volunteers, to business information.

The federal Health Insurance Portability Accountability Act (the "Privacy Rule"), the Confidentiality of Medical Information Act (California <u>Civil Code</u> § 56 et seq.) and <u>Institutions Code</u> § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers. The State Information Practices the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various medical and personal infi disclosed except as authorized by law or the patient or individual.

Confidential Patient Care Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient's treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. (Note: this informati information.") Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;

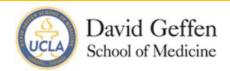
- Patient insurance and billing records;

- Mainframe and department based computerized patient data and alphanumeric radio pager messages;

- Wavel absorbation of patients providing medical care as a recording acquired and

Month & year of birth: 01 / 2000 Name: TEST, TEST A 9/25/2025 Date:







14. \*Do not close vour browser.

You must click "Print" to receive a copy of your certificate. This is what is submitted to the student placement team.

### THE END

Thank you for completing this training and certification process.

Click below if you would like a printed version of the certifications:

Print

15. You will receive a TWO-page document. Save this document (recommended as a PDF).

16. The first page is the certificate of module completion.





UCLA Health System

Certificate of Completion



This is to certify that I,

TEST, TEST A

have read, understand or know where to ask questions about and agree to abide by the Policies and Procedures associated with the UCLA OCR Resolution Agreement and I have completed the required online HIPAA Privacy and Information Security training for New Workforce Members on

Thursday, September 25, 2025

at UCLA Health System

This is an example of page 1





Applies to all UCLA Health System "eorkforce members" including: employees, medical stelf and other health care professioneis; volunteers; agency, temporary and registry personnet, and trainees, house stalf, students, and interes (regardiess of whether they are UCLA trainees or rotating through UCLA Health System facilities from another institution).

It is the responsibility of all UCLA Health System workforce members, as defined above, including employees, medical staff, house staff, students and volunteers, to preserve and protect confidential patient, employees and business information.

The feature Health Insurance Portebility Accountability Act (the "Privacy Pole"), the Confidentiality of Medical Information Act (Celifornia <u>CNI Code 8</u> 56 et seq.) and the Lenterman-Petre-Strort Act (Celifornia Verliere & Institutions Code 8 5000 et seq.) govern the release of patient identifiable information by teophias and other health case providers. The State Information Practices Act (Celifornia Cni Code sections 1786 et seq.) governs the acquaints and use of data that patients to individuals. All of these leave selected properties to preserve the confidentiality of vertical medical and personal information and specify that such information may not be disclosed encept as authorized by leave or the patient or incividual.

Confidential Piction Core Information includes: Any inclinidually identifiable information in possession or derived from a provider of health core regarding a palant's medical history, mental, or physical condition or beatment, see wall as the palantia antitor that family members records, but nearly, conversations, research records and flammatin from stormation. Florensition 1, but information is not softment in the Privacy-Rels are "produced health information.") Exemples includes, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therepeutic reports, laboratory and pathology samples;

- Naturi historics and filling excerds;

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- Versiant observation of palantial receiving metalous core or accessing services; and

## Confidential Employee and Business Information includes, but is not limited to, the following: - Employee forms latephone number and address;

- Spouse or other relative names;
   Social Security number or income tax withholding records;

- Information related to evaluation of performance;

   Other such information obtained from the University's records which if disclosed, would constitute an unwersaried investor of privacy, or
   Data used to Confidentia

Peer review and risk management activities and information are protected under California Evidence Code section 1157 and the attorney-client privilege

Lundersland and adknowledge that:

- I shall respect and metabals the confidentiality of all discussions, deliberations, palent care records and any other information generated in connection with individual palent care, this transapament ancilor pear review activities.
  It is my legal and elibate inegenerally to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information information in the security of all medical records, proprietary information and other confidential information for the period of the period

- and/or disciplinary action.

  9. My obligation to safeguard patient confidentiality continues after my termination of employment with the University of California.

ItES1, ItES1 A, certify that on \$23,00031 have need and understand the Confidentiality Agreement and agree to abide by it. In the event of a breach or threatened breach of the Confidentiality Agreement, I advisowledge that the University of California may, as applicable and as it deems appropriate, pursue descripting viction up to and including my termination from the University of California.

Name:	TEST, TEST A
Employee ID:	587517
Date:	9/25/2025
Print Name:	Print your Name here
Signature:	Sign the form here

This is an example of Page 2.

# 18. Submit the signed 2-page PDF to your school coordinator.

17. The **second** 

to be

accepted.

page must include your

printed name

and signature

They will submit this to the UCLA Health student placement team when you are accepted for placement.

\*UCLA Health will not accept document submissions directly from students.





Certificate of Completion



This is to certify that I,

TEST, TEST A

have read, understand or know where to ask questions about and agree to abide by the Policies and Procedures associated with the UCLA OCR Resolution Agreement and I have completed the required online HIPAA Privacy and Information Security training for New Workforce Members on

at UCLA Health System



UCLA Health System

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Name:	TEST, TEST A
Employee ID:	587517
Date:	9/25/2025
Print Name:	
Signature:	7

**Example of Acceptable Submission**