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.

1. 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**

4. **Follow the directions** to retrieve your completion certificate. 5. **Click "Click Here"** to generate a temporary ID.	**HIPAA Privacy and Information Security Training for New Workforce Members** Please enter your 9-digit Employee ID number or 5-Digit Physician ID: [ ] Submit Note: Contractors, students, volunteers and non-Health System staff will need to use a temporary ID. If you need a temporary ID please **click here.** ← Your 9-digit Employee ID is displayed here: UCLA Healthcare BRYAN JUNG 123456789 Programmer Analyst X Human Resources UCLA BruinCard
6. **Enter in your information** (e.g., your birth month and year and name). 7. **Enter "Visiting Student"** as your **affiliation** from the drop-down menu. 8. **Click "Continue"**	David Geffen School of Medicine UCLA Health System **Generate Temporary ID** Month and Year of Birth: [January ▾] [2000 ▾] Affiliation: [Visiting Student ▾] First Name: [Test] Middle Initial: [ ] Last Name: [Student] [Continue]
9. Once the temporary ID is generated, if will ask you to confirm the information you submitted. 10. **Select "Correct, Continue."**	**HIPAA Privacy and Information Security Training for New Workforce Members** You will be asked to certify for the Training, read the Confidentiality Statement and then certify for it. **TO RECEIVE CREDIT,** **you must continue to the page that says "The End". If you exit before the end, you will have to take the training again from the beginning.** Please confirm the following information is correct: Month & year of birth: **01 / 2000** Name: **Student, Test** [Correct, Continue] [Incorrect, Cancel]

11. You must **click "I Certify"** that you agree to the statement on the screen.	**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. <table><tr><td>**Month & year of birth:**</td><td>01 / 2000</td></tr><tr><td>**Name:**</td><td>TEST, TEST A</td></tr><tr><td>**Date:**</td><td>9/25/2025</td></tr></table> I Certify
12. **Please read the Confidentiality Agreement** carefully as you will be asked to **certify** your agreement below. ** **DO NOT close** your browser. 13. After reading, scroll to the end of the page, **click "I Certify"**	David Geffen School of Medicine UCLA Health System **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 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 info 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 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; <table><tr><td>**Month & year of birth:**</td><td>01 / 2000</td></tr><tr><td>**Name:**</td><td>TEST, TEST A</td></tr><tr><td>**Date:**</td><td>9/25/2025</td></tr></table> I Certify

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UCLA Health System

Thank you for completing this training and certification process.

THE END

14. ***Do not close your browser.** **You must click "Print" to receive a copy of your certificate.** This is what is submitted to the student placement team.

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

Print

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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.

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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

Reference No: 587517

This is an example of page 1

17. The **second page must include your printed name and signature to be accepted.**

This is an example of Page 2.

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

Example of Acceptable Submission