

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

HIPAA Privacy and Information Security Training for New Workforce Members

Please enter your 9-digit Employee ID number or 5-Digit Physician ID:

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:



4. Follow the directions to retrieve your completion certificate.

5. Click "Click Here" to generate a temporary ID.

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"



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Generate Temporary ID

Month and Year of Birth:

Affiliation:

First Name:

Middle Initial:

Last Name:

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

9. Once the temporary ID is generated, it will ask you to confirm the information you submitted.

10. Select "Correct, Continue."

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, TEST, TEST, 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.

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

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"



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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 Civil Code § 56 et seq.) and Institutions Code § 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 information 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;

Visual observation of patients requires medical care or assessing condition and

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

I Certify



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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.

Thank you for completing this training and certification process.

THE END

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.



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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: 587937

This is an example of page 1

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



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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, employee and business information.

The federal Health Insurance Portability and Accountability Act (the "Privacy Rule"), the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.) and the Lanterman-Neftci-Shurt Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers. The State Information Practices Act (California Civil Code sections 1798 et seq.) governs 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 information and specify that such information may not be 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 medical history, mental, or physical condition or treatment, as well as the patient and/or their family members records, test results, conversations, research records and financial information. (Note: this information is defined in the Privacy Rule as "protected health 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;
- Mailroom and department based computerized patient data and alphanumeric radio pager messages;
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Confidential Employee and Business Information includes, but is not limited to, the following:

- Employee home telephone 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 unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to UCLA Health System.

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

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to UCLA Health System and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UCLA Health System, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UCLA Health System affairs.
4. UCLA Health System Administration performs audits and reviews patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. I understand that the law specifically protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after my termination of employment with the University of California.


I, TEST, TEST A, certify that on 9/25/2025 I have read and understood the Confidentiality Agreement and agree to abide by it. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the University of California may, as applicable and as it deems appropriate, pursue disciplinary action 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. 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.




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Certificate of Completion




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Thursday, September 25, 2025
at UCLA Health System

Reference No: 587517



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

Example of Acceptable Submission