



MOUNT SINAI
SCHOOL OF
MEDICINE

Office of the Registrar

One Gustave L. Levy Place
Annenberg Building-Room 5-16
Box 1257
New York, NY 10029-6574

Phone 212.241.6691
Facsimile 212.369.6013
E-mail: Registrar@mssm.edu

HIPAA
(Health Insurance Portability and Accountability Act)
TRAINING VERIFICATION
FOR
VISITING MEDICAL STUDENTS
PLEASE TYPE OR PRINT CLEARLY

LAST NAME: _____

FIRST NAME: _____

MEDICAL SCHOOL: _____

MEDICAL SCHOOL ADDRESS: _____

MEDICAL SCHOOL TELEPHONE: _____

The medical student name above has completed HIPAA Training:

DATE OF COURSE: _____

Method of Evaluation:

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Return Demonstration | <input type="checkbox"/> Clinical Performance |
| <input type="checkbox"/> Verbal Explanation | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Written Exam | <input type="checkbox"/> Class |
| <input type="checkbox"/> Self Study | |

Other Please Describe _____

Student Signature: _____

Date: _____

Signature of the Registrar or Dean

Date: _____