

SECURITY AND PRIVACY TRAINING ACKNOWLEDGEMENT FORM

I _____ acknowledge and agree that I fully understand the HIPAA Privacy and Security rules and the definition of Protected Health Information (PHI) that have been explained to me. I have had the opportunity to ask questions regarding those rules, and I am fully aware of my responsibility regarding the opportunity safeguarding of any PHI of which I may become aware during the course of my visit with Enable Healthcare Inc.

I further agree, that as a condition of being allowed to visit within EHI's facility, that I should become aware of any PHI, I will not disclose to anyone the information contained in or related to such PHI, including the existence of such PHI, nor will I use such PHI for my own direct or indirect benefit or sell any data contained in the PHI.

Signature

Date

Enable Healthcare Inc. Witness

