



TRAINING OUTLINE

COURSE TITLE: _____ **DATE:** _____ **INSTRUCTOR:** _____

LOCATION: _____ **TIME:** _____ **COMPANY:** _____

Safety training was conducted on the above date by the instructor indicated. The following line items identify the topics covered during the training session.

SUMMARY OF TRAINING

- 1) Introduction
 - a) Overview of HIPAA
- 2) Privacy Rule
 - a) Protected Health Information
 - b) HHS
 - c) Covered Entities
 - d) Business Associates
 - e) Identifiers
 - f) Agreements
 - g) Minimum Necessary Policy
 - h) Records
 - i) Types of Disclosures
 - j) Reasonable Reliance
 - k) National Priorities
 - l) Patient Rights
 - m) Notice of Privacy Practices
 - n) The Security Rule
 - o) Risk Assessment
 - p) Safeguards
- 3) Breach Notification
 - a) Breach Assessment
 - b) Exceptions
 - c) Notification
- 4) Enforcement
 - a) Investigation Process
 - b) Penalties
 - c) Audits
- 5) Conclusion