

ATTESTATION OF MANDATED TRAINING COMPLETION

**2010 Information Security Training Update including related Privacy updates
For Members who use the
Automated Mental Health Background Check (MHBC) System**

Attestation of Completion Form - 2010 From HIPAA to HITECH

I hereby attest that I have completed the 2010 ***From HIPAA (Health Insurance Portability and Accountability Act) to HITECH (Health Information Technology for Economic and Clinical Health)***. I have read and understood the content of the brochure and I understand that I am responsible for complying with its content as applicable/appropriate.

Employee

Name (Please PRINT): _____

Signature: _____ Date: _____

Agency Name: _____

Work Address/Location: _____

Work Telephone Number: _____ Ext. _____

Supervisor Attestation

(This section is to be completed by the supervisor.)

I hereby confirm that the individual named above has completed the mandated 2010 "***From HIPAA to HITECH***" training program for members using the Automated MHBC System.

.Supervisor Name (PRINT): _____

Signature: _____ Date: _____

Work Telephone Number: () _____ Extension: _____

Make a copy for your records and Mail or Fax this fully completed signed document to:

MHBC
44 Holland Avenue
8th Floor
Albany, NY 12229
Attn: Office of Consumer Affairs
Fax: (518) 474-8998
Phone: (518) 473-6579