



**CATHOLIC COMMUNITY SERVICE**  
**Training Attestation**

Name of Training: HIPAA Overview Date of Training: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

I, \_\_\_\_\_ hereby attest that I have completed the  
HIPAA Overview, and agree to follow all policies and procedures  
outlined in the training.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_