Health Insurance Portability and Accounting Act [HIPAA]
Points for Supervisor Training

Name: ___________________________________________ Date: ______________

Organization: _________________________________________________________________

1. Information that you acquire because of your management or supervisory position is private
   and should only be shared with other management personnel on an as needed basis.
   Protected health information (PHI) received informally through conversation should be
treated similarly, but since the information was given freely, it is less likely to be considered
a breach under HIPAA. For example, if one of your subordinate employees calls in sick and
gives you details to justify their absence, this should only be shared with other management
personnel, as necessary.

2. Efforts should be made to limit the release of personal information. Consider releasing the
   minimum information necessary at all times. For example, the reason someone is not at
   work is that they are sick; and take care not to disclose what is specifically wrong with them.

3. There should be an awareness of simple security measures in and around the office space.
   Information such as FMLA requests and doctor’s excuses might contain protected health
   information (PHI) and should be locked up and/or covered when visitors are in an office.

4. Any paperwork containing protected identifiable information (PHI) should be shredded
   before being disposed of.

5. Under HIPAA, managers/supervisors are most at risk for HIPAA breaches. To protect
   yourself and your employees, have an active HIPAA orientation program.

I, the undersigned, understand and agree that the consequences of a violation of the above
statements may result in disciplinary action up to and including termination as well as possible civil
or criminal liability. I further understand that this document will be kept in my personnel file as proof
of this discussion regarding my responsibilities with regards to HIPAA.

Signature: ___________________________ Date: ______________

Witness: ___________________________ Date: ______________

For additional reference to the HIPAA regulations, please go to: http://www.hhs.gov/ocr/hipaa/

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