



# 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