



**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:** \_\_\_\_\_