Information Privacy and Security Education Attestation

Los Alamitos respects the privacy of a patient's medical information and the rights patients have with respect to their medical information. Los Alamitos Medical Center has developed policies, standards and procedures (collectively, the *Information Privacy & Security Program)* to outline the policies, procedures, responsibilities, and authorities designed to protect the health information of patients and afford patients certain rights they have with respect to their medical information, consistent with applicable federal and state law.

I understand that the Information Privacy & Security Program applies to all members of Los Alamitos's workforce and business associates, including students. Failure to follow or report a suspected violation of the Information Privacy & Security Program will result in disciplinary action.

In particular, I agree that I will take reasonable steps to limit the use or disclosure of, and requests for, patient information to the minimum necessary to accomplish the intended purpose. I agree to keep any system access credentials confidential and to guard the confidentiality of all system information. I agree I share responsibility for the protection of Los Alamitos's information assets and will be held accountable for maintaining their integrity, confidentiality, and availability.

I also agree that if I compromise such confidential information, Los Alamitos Medical Center shall have the right to immediately terminate, without my notice, my authorization to use Los Alamitos information assets.

If I have questions about my responsibilities I will contact my direct supervisor or the hospital's Compliance Officer, Mariano Melendez at Mariano.melendez@tenethealth.com

The undersigned certifies that he/she has completed the assigned education by reading the patient rights and patient privacy documents in the student orientation packet.

_____   _____
     Printed Name of Student   Signature of Student

_____
     Date Signed