



**DOCUMENTATION OF COMPLETION OF  
UT SYSTEM ADMINISTRATION HIPAA PRIVACY TRAINING**

The undersigned, \_\_\_\_\_, an employee or  
\_\_\_\_\_ of the Office of \_\_\_\_\_ at The University of  
Texas System Administration affirms that s/he:

- has completed the HIPAA Privacy Training provided by the UT System Administration HIPAA Privacy Officer on \_\_\_\_\_
- is familiar with the UT SYSTEM ADMINISTRATION HIPAA PRIVACY MANUAL, INT 166;
- understands his/her obligation, as a member of the UT System Administration HIPAA Health Care Component Workforce, to comply with the requirements of the Manual; and
- understands and agrees that failure to comply with the Manual and all UT System Administration HIPAA Privacy training requirements is a violation of UT System Administration policy and grounds for disciplinary action.

\_\_\_\_\_  
Workforce Member's Signature

\_\_\_\_\_  
Date Signed

**Please provide this completed form to your Supervisor.**

**Supervisor:** Please ensure that this completed form is forwarded to the UT System Administration Privacy Officer c/o OGC. It is the duty of each UT System department head to ensure that all its employees and other workforce members provide proof of compliance with the UT System Administration HIPAA Privacy training requirements. You may want to keep a copy for your records.

**Office of General Counsel  
The University of Texas System  
ATTN: Privacy Officer  
201 West 7th Street, 6th Floor  
Austin, Texas 78701**

**Phone: 512.499.4462  
Fax: 512.499.4523**