



Appendix B: Security Rule Policy and Procedures Acknowledgement

I understand that while performing my official duties I may have access to protected health information. I understand that:

- Protected health information is individually identifiable health information that is created, maintained, or used by **Saratoga Bridges**.
- Special precautions are necessary to protect this type of information from unlawful or unauthorized access, use, modification, disclosure, or destruction.

The undersigned acknowledges receiving a copy of Saratoga Bridges Health Insurance Portability and Accountability Act (HIPAA) Security Rule Policy and Procedures:

<i>Print full name (first, middle initial, last)</i>	<i>Signature</i>
<i>Department</i>	<i>Date signed</i>