

Iowa City Veteran Affairs
PRIVACY AND INFORMATION SECURITY
TRAINING ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have received, and read the following documents and/or completed the following training programs.

 x VA Privacy and Information Security Awareness Training and
Rules of Behavior (TMS ID #10176)

 x Privacy and HIPAA Focused Training (TMS ID# 10203)

I fully understand, as an VA employee who is employed under title 5 or title 38, United States Code, as well as individuals whom the Department considers employees such as volunteers, without compensation employees, and students and other trainees, I have an obligation to fully adhere to these VA policies and principles. I certify that I have completed the training outlined above and am committed to safeguarding personal information about veterans and their families, and VA employees and applicants.

I know that I should contact either the Iowa City Veterans Affairs (VA) Health Care System Privacy Officer at extension 6092 or cell phone 319-530-7694 or Information Security Officer at extension 6266 or cell phone 319-631-2120 with questions about whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, and VA employees and applicants. I understand that I must have written authorization to remove or store protected information off VA grounds. I understand that if I become aware of a privacy or information security breach that I am to notify either the Privacy Officer or Information Security Officer within 1 hour of the incident.

I understand, accept, and agree to the VA National Rules of Behavior's terms and conditions that apply to my access to, and use of, information, including VA sensitive information, or information systems of the U.S. Department of Veterans Affairs.

I recognize the VA may impose sanctions, up to and including termination for violation of applicable confidentiality and security statutes, regulations, and policies. I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties.

Print Name

Signature

Date

**Please return this completed form to the Research Office
(151) attention M. Myrvik for training credit**