

## **Washoe County COVID-19 POD/POST Current HIPAA Training - Acknowledgement**

I, \_\_\_\_\_, am a currently licensed and practicing medical professional (e.g., MD, RN) and hereby attest that I have successfully completed a Health and Human Services compliant HIPAA training within the last 12 months. I understand that I may be asked to provide proof of said HIPAA training to the Washoe County Health District to fulfill the requirements of an activated MRC volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Title (Medical Profession)

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Date