



Policy Acknowledgement form

I have read the following Policies and agree to abide by the guidelines:

- Computer Network and Internet Usage Policy
- Health Information Access and Disclosure Policy
- Health Information Confidentiality and Security Policy
- Abbreviations in the Medical Record Policy and attachment

Student Name: _____ S#: _____

Student Signature: _____ Date: _____

Please sign and submit the signed form to Student Passport prior to 1st shift.