

2799 Napa Valley Corporate Drive
Napa, California 94558



HIPAA STATEMENT

Dear Phlebotomy Technician Student:

Notification of privacy practices in accordance with the Health Insurance Probability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of this program. It is your responsibility as a Boston Reed Phlebotomy Technician student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position as a phlebotomy technician.

Please review the HIPAA notification thoroughly and keep it with your other phlebotomy technician references that you carry with you at your job or externship site.

HIPPA Statement

I _____ have read and understand the HIPAA
(Please Print Your Name)
regulations.
