



HIPAA PRIVACY

HIPAA Privacy and Security Training Exemption Form

For use with voluntary faculty and associates who have no business need to access Yale protected health information (PHI) in the course of their appointment to one of the HIPAA-covered components of the university.

By signing below, I certify that the appointee meets all of the following criteria in the course of their Yale affiliation:

- Will not provide health care to patients; and
- Will not be engaged in human subjects research; and
- Will not be provided access to University resources that maintain PHI including both clinical and research data and data systems; and
- Will not be provided with a PIN to activate their Net ID

Note that these individuals may perform patient care or human subjects research in their professional capacities outside of their Yale duties.

Appointee Name: _____

Appointee Title: _____

Yale Net Id: _____ Department Name: _____

Lead Administrator's Name: _____

Lead Administrator's Signature: _____

Date: _____

Forward to: HIPAA Privacy Office, P.O. Box 208255, New Haven, CT 06520-8255;
Fax: 203-432-4033; hipaa@yale.edu