



PACIFICA
GRADUATE INSTITUTE

**Student Acknowledgment
of HIPAA Regulations**

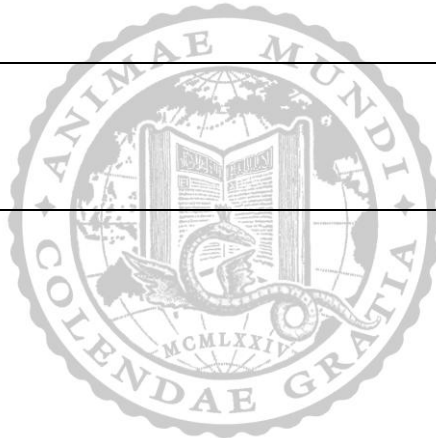
CTG02-Revised 11/16/12

I, _____, a student in the Clinical Psychology Program at Pacifica Graduate Institute, have reviewed the relevant HIPAA regulations, and have read, understand, and agree to follow them with regard to my clinical training sites.

I also understand that in presenting clinical experiences at school as part of coursework and practicum seminars, I should protect the identity of identified clients at all times.

Signature: _____

Date: _____



*Information about HIPAA privacy and security rules can be found at www.hhs.gov.

PLEASE RETURN ORIGINAL FORM TO CLINICAL TRAINING OFFICE

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