



FLORIDA ATLANTIC UNIVERSITY
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HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA) REQUIREMENTS

THIS FORM MUST BE UPLOADED INTO MAGNUS

I, _____ have reviewed the
(PRINT NAME)
required HIPAA educational materials provided by the Christine E. Lynn College of Nursing and
understand compliance regulations governing the protection of client's confidential health care
information.

SIGNATURE

DATE

Z#

The Christine E. Lynn College of Nursing is dedicated to Caring: advancing the science, practicing the art, studying its meaning and living it day-to-day