



SAINT LOUIS UNIVERSITY

SCHOOL OF NURSING

HIPAA Training

Receipt and Acknowledgement

My signature below acknowledgement that I:

- Have accessed the HIPAA Training through <https://myslu.slu.edu/home>
- Have listened to and understand the information provided.
- Will contact my professor and/or the appropriate agency represented if I have questions and/or concerns about HIPAA adherence.
- Am responsible for following these HIPAA guidelines when participating in any experiences with clients.

Student signature

Option: DNP, MSN or PMC and Specialty

Student Name Printed

Student Banner ID

Date

Directions:

1. Log into <https://myslu.slu.edu/home>
2. Go to Home Tab
3. Select "Annual HIPAA Awareness Training"
4. Select the **link** in the **Question Box** to access the first video.
5. **View the video**
6. Close the video tab after viewing the video
7. Certify that you have watched the video using the **dropdown menu in the response box**.
8. Answer the questions associated with the video you just viewed.
9. Repeat steps **4 through 8** for all the video modules
10. After viewing and completing the questions for all (4) videos, choose "**Close**" from **dropdown menu in the response box** and click **Submit**.

After completing HIPAA Training, sign the form and upload to CastleBranch.