**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)**

**HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) & SECURE EMAIL INFORMATION**

**ACKNOWLEDGEMENT FORM**

I have received and read the DMAS HIPAA & Secure Email information that included:

1. DMAS’ status as a Covered Entity under the law
2. Types of Protected Health Information (PHI)
3. A copy of the Gmail Email screen with the “Virtru” secure email button for electronic mail encryption.

I understand and agree to comply with all the material presented to me and to use Secure Email as required when sending any PHI outside of DMAS.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print)

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: IM file