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 new 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 208252, New Haven, CT 06520-8252; Fax: 203-432-4033; hipaa@yale.edu

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