

**THE GULF COAST CENTER
ACKNOWLEDGEMENT OF RECEIPT & UNDERSTANDING
OF HIPAA PRIVACY TRAINING**

Full Legal Name: _____

Company Name: _____

I acknowledge that I have received a copy of The Gulf Coast Center's HIPAA Privacy Training, and I acknowledge that I have read and understand its contents.

Signature of Individual

Date

Signature of Witness

Date

Please mail completed form to this address after completion:

The Gulf Coast Center
Attention: Linda Bell
P.O. Box 2490
Galveston, TX 77553-2490

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Copy as needed