Vermont Health Information Exchange
Participant Acknowledgment of VITL Policies

All users of the VHIE must read and understand the VITL privacy and security policies prior to accessing patient information in the VHIE. Complete this form for all employees who will access the VHIE.

I, the undersigned, hereby declare that I have read the VITL policies, received annual training, understand the policies and will uphold them to the best of my abilities. I further declare that all authorized users of my health care organization have received training with regard to confidentiality of Protected Health Information (PHI) under the HIPAA Privacy and Security Regulation and all other applicable federal and state laws and they are obligated to protect PHI in compliance with such laws and VHIE Policies.

Name	**Title**	**Signature**	**Date**
	Chief Privacy Officer		

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