

BAPTIST HEALTHCARE SYSTEM, INC  
HIPAA SECURITY

I, \_\_\_\_\_ (please print) acknowledge and agree to abide by the Baptist Healthcare System, Inc. HIPAA Security policies and procedures and the specifications within the above and attached documents whereas they pertain to HIPAA Security. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of confidential medical information and electronic protected health information.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_