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ALLEGHENY VALLEY SCHOOL / NORTHWESTERN HUMAN SERVICES  
HIPPA \ PROTECTING PERSONAL HEALTH INFORMATION  
TRAINING MODULE SELF CERTIFICATION

Instructions: Complete the certification statement, sign and fill in your contract information.  
Return the completed form using information below.

I, \_\_\_\_\_ (print your name) have read this module on  
\_\_\_\_\_ (date) and fully understand the document. I will receive a half hour credit for  
reading this training module.

Your Signature	Date
Email	Phone#

Return Completed Form to:

rdailey@kfamilyolutions.org  
Or Fax: 610-527-8672

Questions Call:

877-384-1729  
(ask for Training Services Coordinator)