



HIPAA Training Attestation Form

[This Attestation must be completed and returned to Care1st Health Plan, Corporate Compliance Department within 30 calendar days from the receipt date of the documents.] Scan and E-mail to: DKim@care1st.com and JEisenberg@care1st.com. For questions, please contact Daniel Kim (323) 889-6638, ext. 6742 or Janet Eisenberg, ext. 6476.

Name of IPA/Medical Group/Hospital/Contractor/ or Entity: _____

Submitting Organization/MSO Name: _____

Date Submitted: _____

Principal Officer/Administrator with Contract Signatory Authority:

PRINT NAME: _____

Signature: _____

Please check (☑) one or more of the following related to the annual training requirements:

Completed the HIPAA Training for all employees, providers, contractors, and/or sub-contractors using the Care1st HIPAA Training documents. The training documents have been integrated into the new hire process and process to contract with new providers, pharmacies, contractors, and/or sub-contractors.

Completed alternate equivalent HIPAA Training for all employees, providers, providers, contractors, and/or sub-contractors. The alternative training has been integrated into the new hire process and process to contract with new providers, pharmacies, contractors, and/or sub-contractors.

[Submit/E-mail copies of training materials to D. Kim and J. Eisenberg]

Others - Provide Explanation _____

For questions, contact Janet F. Eisenberg, MS, CHCO, CFE, Corporate Compliance Director or Daniel Kim, Compliance Coordinator, Attention: Corporate Compliance Department

601 Potrero Grande Drive, Monterey Park, CA 91755