



FLORIDA ATLANTIC UNIVERSITY
CHRISTINE E. LYNN COLLEGE OF NURSING
777 GLADES ROAD, BLDG. 84
BOCA RATON, FL 33431

Visit us at <http://nursing.fau.edu/>

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA) REQUIREMENTS

THIS FORM MUST BE UPLOADED IN CASTLEBRANCH

I, _____ have reviewed the required HIPAA
(PRINT NAME)

educational materials provided by the Christine E. Lynn College of Nursing and understand compliance regulations governing the protection of client's confidential health care information.

SIGNATURE :

DATE:

Z#: