

# Augusta University

## Technology Enhanced Learning and Innovation Presenter HIPAA Compliance Form

Project Title, Author(s), Department(s):

The Health Insurance Portability and Accountability Act (HIPAA) states that patient records and photos used in presentations or other projects must be stripped of all "direct identifiers" such as name, address, social security number, patient ID number, identifiable photographic images, etc or that you have written authorization from the patient to use his/her directly identifiable health information in this way. *Academic & Research Technology* requires you, as the project originator, to verify by way of your signature below that your materials meet these HIPAA standards. Presentation materials include, but are not limited to: handouts, slides, PowerPoint presentations, exhibits, photos, scans, videos and reproductions of journal articles and any other materials including protected health information (PHI).

I verify I am in compliance with the HIPAA standards to protect the privacy of the patients discussed in my presentation(s).  
I either have received written authorization from the patient, have de-identified any images or patient records in my presentation, or  Not applicable (my presentation does not pertain to patient treatment).

Printed Name: \_\_\_\_\_

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