

## CONFIRMATION LETTER OF ON-LINE HIA TRAINING

I, \_\_\_\_\_ have undertaken this on-line training as it appears on the web site using the following links:

- Overview of Act
- Collecting and Using Health Information
- Duty to Protect Health Information
- Disclosing Health Information
- Right to access
- Correcting Health Information
- Confirmation Letter of On-Line HIA Training   
(forward signed letter to Human Resources, Department of Medicine 2F1 WMC)

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

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