

# Highmark Privacy and Security Awareness Program Training Certification Form

## **The Highmark Privacy and Security Awareness Program**

has been designed to help you understand the corporate policies and procedures regarding health information privacy and security. As a member of the Highmark workforce, or as one of Highmark's contractors, agents/producers or business associates, it is very important that you understand and follow these procedures carefully.

I have received and reviewed the Highmark Privacy and Security Awareness Program booklet. As a member of the workforce of Highmark or as one of Highmark's wholly owned or majority owned subsidiaries, or as a contractor, agent/producer or business associate, I certify that I understand and agree to abide by Highmark's Privacy and Security Awareness Program and its underlying policies, procedures, principles and regulations.

\_\_\_\_\_  
Print Name (As it appears on PA Producer License)

\_\_\_\_\_  
Highmark Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO THE DESIGNATED HIGHMARK DEPARTMENT.