

## District 2 Public Health

### ACKNOWLEDGEMENT, AWARENESS AND ACCOUNTABILITY STATEMENT FOR POLICIES AND PROCEDURES

#### General - Initial

As an employee in District 2 Public Health, you are responsible for reviewing the Policies and Procedures listed. After reading each policy, please initial and date beside it. When you have completed all policies, sign and date at the bottom of this statement. Return the completed form to human resources within 20 calendar days.

Initials	Date	Policy No	Title
		183	HIPAA Privacy
		NA	HIPAA Security Policies and Procedures
		225	Harassment
		227	Standards of Conduct
		228	Code of Ethics and Conflict of Interest
		NA	Tobacco Free Campuses

By my initials above and signature below, I acknowledge that I am aware of and accountable for compliance with each District 2 Public Health Policy and Procedure. I understand that any violation of these policies may be grounds for disciplinary action, up to and including termination.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_