

**Winona State University**  
**College of Nursing and Health Science**

**Graduate Programs in Nursing**  
**859 30<sup>th</sup> Avenue SE, Rochester, MN 55904**

**HIPAA CERTIFICATION**

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

I have attended HIPAA training session(s) and received certification(s) regarding HIPAA Privacy and Confidentiality Requirements.

Yes.  
Please attach evidence of participation and certification.

No.  
If you are not certified, you must complete three (3) modules of the MN Department of Human Services (DHS) – Protecting Data and Information Privacy. To start the DHS HIPAA training, please visit the following website <https://data-securitytraining.dhs.mn.gov/Account/Login>. You may **Login As Guest**. No course code or ID number is required. Please complete the following three (3) modules:

1. Data Security and Privacy (Course and Assessment)
2. How to Protect Health Information (Course and Assessment)
3. Protected Health Information (Course and Assessment)

Allow 1 – 2 hours to complete the training, print each of the result pages and submit them with this form. **If you login as guest, please print your name at the top of the result pages.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date