

Public Partnerships, LLC
Fiscal/Employer Agent Services
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Phoenix, AZ 85044

If Applicable Form



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UnitedHealthcare Community Plan HIPAA and Universal Precautions Training: Acknowledgment of Receipt

What is the purpose of this form?

All attendant care workers interested in providing services under the SDAC service option are required to complete HIPAA and Universal Precautions Training prior to employment. As Employers in this program, members have the option to deliver this training to their prospective Employee.

By signing this form, the Employee is acknowledging that their Employer has reviewed the enclosed HIPAA and Universal Precautions educational material with them and answered any questions that the Employee had regarding HIPAA and Universal Precautions requirements.

Instructions:

Upon completion of the HIPAA and Universal Precautions training with your Employer, please sign the statement below. Please be sure that your Employer also signs this form. Once both you and your Employer have signed, please submit to PPL with other forms in your Employment Packet.

I, _____ (Attendant Care Worker/Employee Name), have reviewed the enclosed HIPAA and Universal Precautions educational material with my Employer.

Employee Signature: _____ Date: _____

To Be Completed by your Employer:

I, _____ (Member/Employer Name), have reviewed the enclosed HIPAA and Universal Precautions educational material with my attendant care worker noted above.

Member/Employer Signature: _____ Date: _____

