

## RIDGEVIEW INSITUTTE 3995 South Cobb Drive Smyrna, Ga. 30080

## AGREEMENT OF UNDERSTANDING

I have received and agree to comply with the following Privacy, Confidentiality, and Security Policies and Procedures:

HIPAA Training Manual	
PRINT NAME	
<del></del>	
NURSING STUDENT SIGNATURE	DATE

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Revised: January 2023