

**Alabama Department of Public Health
HIPAA Compliance Workforce Hire/Transfer/Separation Form**

Employee Information

Full Name	_____		
	Last	First	M.I.
Work Location	_____		
	Address		

	City	State	Zip
	_____	_____	_____
	Bureau or County	Telephone Number	
	_____	_____	
Job Title	_____		
Supervisor	_____		

Employee Type

ADPH Employee (Yes or No) _____	Contractor (Yes or No) _____
Other (Please Describe) _____	
Has the employee completed HIPAA Privacy and Security Training? (Yes or No) _____	
Has the employee completed Security Awareness Training? (Yes or No) _____	
Employment Start Date	_____
Employee Transfer Date	_____
Employee Separation Date	_____

Instructions: Please submit this form to the Privacy Officer at PrivacyOfficer@adph.state.al.us and the Information Security Officer at SecurityOfficer@adph.state.al.us whenever a workforce member is hired, transferred, or separated.