



**OFFICE OF THE DIRECTOR OF POLICE
THE UNIVERSITY OF TEXAS SYSTEM
POLICY AND PROCEDURE MANUAL**



By signature below I acknowledge that I have received a copy of:

**Policy 130 – Compliance with the Health Insurance Portability and
Accountability Act of 1996 (HIPAA)**

I acknowledge that I am responsible for adhering to the policies and procedures contained therein and disseminating to all employees under my command.

Printed Name

Signature

Date