

## Acknowledgement Form

**Policy 5.15 West Virginia Health Information Network Authorized Users, Access, and Audits and Policy 5.16 WVHIN – Authorization for Release of Health Information Form**

I, ..... acknowledge that I have received, read, and understand **West Virginia WIC Policy 5.15 West Virginia Health Information Network Authorized Users, Access, and Audits** and **Policy 5.16 WVHIN – Authorization for Release of Health Information Form**. I understand it is my responsibility to notify my supervisor if I have questions regarding this policy.

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Signature

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Date

*PLEASE RETURN THIS FORM TO YOUR IMMEDIATE SUPERVISOR*