



HIPAA TRAINING ATTESTATION LETTER

This letter hereby attests that **Jamieson Pharmacy Partners** has completed annual HIPAA (Health Insurance Portability and Accountability Act) training for the calendar year **2025**.

A total of **1 workforce member(s)** successfully completed the required HIPAA training as of **December 31, 2025**. Training was delivered via **Self paced video** methodology.

Training Scope Covered:

- HIPAA Privacy Rule - Use and disclosure of protected health information (PHI)
- HIPAA Security Rule - Administrative, physical, and technical safeguards
- HIPAA Breach Notification Rule - Requirements for reporting breaches
- Workforce Member Responsibilities and Incident Reporting Procedures

ORGANIZATION DETAILS

Organization Name:	Jamieson Pharmacy Partners
Training Year:	2025
Workforce Trained:	1
Completion Date:	December 31, 2025

I hereby attest that the information provided above is true and accurate to the best of my knowledge.

Kamille T Jamieson

Founder and Owner

Date: January 15, 2026

Reference ID: **HIPAA-ATT-M4LRVP5C**
Fingerprint: d6ed3bfb0b5743ef
Verify: <https://hipaacertify.com/verify/hipaa-attestation/HIPAA-ATT-M4LRVP5C>

Generated: Jan 15, 2026 5:51 PM EST
hipaacertify.com

Free Version - Upgrade to remove watermark at hipaacertify.com/tools/hipaa-training-attestation

This document is an attestation provided by the organization. It is not legal advice and does not constitute a certification.