Scarborough Health Network Privacy Training

Privacy eLearning Attestation

Privacy training is required to be completed before access can be provided.

First Name: ______________________________

Last Name: ______________________________

Username (if applicable): ______________________________

Employee Number (if applicable): ______________________________

Site(s) Access:

☐ Birchmount

☐ Centenary

☐ General

Department/Unit (if applicable): ______________________________

Email: ______________________________

I hereby attest that I have successfully reviewed and completed the Privacy eLearning module for Scarborough Health Network. I declare that the above statement is true, accurate and to the best of my knowledge.

Signature: ______________________________

Date: ______________________________

Please submit this form to the Privacy Office via your supervisor/manager.

For questions regarding privacy training or compliance, please email: privacytraining@shn.ca