

**Scarborough and Rouge Hospital Privacy Training
Privacy eLearning Attestation**

All fields are REQUIRED. Please PRINT clearly

First Name: _____

Last Name: _____

Username: _____

CEN: [username] @rougevalley.ca

BIRCH/GEN: 1st four letters of last name and 1st two letters of first name

Employee Number: _____ (if applicable)

Site: _____

Department/Unit: _____

Hospital Email: _____ (if applicable)

I hereby attest that I have successfully reviewed and completed the Privacy eLearning module for Scarborough and Rouge Hospital. 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@rougevalley.ca