**CERTIFICATION**

I, the undersigned speech pathology student at the Texas A&M Health Science Center Coastal Bend Health Education Center (CBHEC), certify that I do not have protected health information (PHI) for any CBHEC patient on my personal computer or other electronic device or such PHI has been encrypted using recognized encryption programs or such PHI has been de-identified in accordance with standards recognized by the Health Insurance Portability and Accountability Act (HIPAA).

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*Student/Resident – Printed Name*

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*Student/Resident – Signature*

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*Coastal Bend Health Education Center – Program Coordinator (Signature)*

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*(Date)*