



NIGHTINGALE
INTERPRETING

Attestation Form

I _____ hereby acknowledge and agree that I have read the FWA, HIPAA and *LanguageLine Solutions* Privacy and Confidentiality Policy, and that all the information and documents I receive during the course of providing interpreting services must be treated as confidential.

By completing today's FWA HIPAA Orientation, I am fully capable of recognizing and identifying potential Fraud, Waste and Abuse and I also attest that I have reviewed the HIPAA Law.

Signature

Date

