



Board of Directors Training Verification  
2020

Board Member Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

1. I certify that on this day, the *Agency Confidentiality/Privacy Policy and Procedures* (42 CFR Part 2) and HIPAA (45 CFR Parts 160 & 164) were explained to me; I was given an opportunity to ask for clarification, and was informed where to find these policies. Should I leave the agency, I agree to maintain the confidentiality of all patient information indefinitely.

\_\_\_\_\_  
Board Member Initials

2. I certify that on this day, the *Agency Corporate Compliance Plan (including the Code of Conduct)* was explained to me. I recognize that it is my responsibility to follow these policies and to report any concerns to the Agency Compliance Officer.

\_\_\_\_\_  
Board Member Initials

3. I certify that on this day, that I give consent to receive electronically transmitted notices under the Washington Nonprofit Corporation Act. I understand that I may revoke this consent in writing. I wish to receive electronic notices at the follow email address: \_\_\_\_\_

\_\_\_\_\_  
Board Member Initials

4. I certify that on this day, I was given a copy of the *Charity and Nonprofit Board Service in Washington State Guide*. I understand the duties of board director for a nonprofit organization in the State of Washington. I had an opportunity to ask for clarification, and a copy of the standards was made available to me.

\_\_\_\_\_  
Board Member Initials

5. I certify on this day, I was given a copy of the by-laws, *Board Governance Manual, Succession Plan* and all board designated resolutions. I read and understand the mission statement for Lifeline Connections and the rules that govern the affairs of the organization.

\_\_\_\_\_  
Board Member Initials

6. I certify on this day, I was given a copy of the *Conflict of Interest Policy*. I recognize that it is my responsibility to follow this policy and to report any concerns to the Board President and/or the agency CEO.

\_\_\_\_\_  
Board Member Initials

I, the undersigned, certify that the policies and procedures delineated above were explained to me, I was given an opportunity to ask for clarification and understand the contents of each policy. Furthermore, I know where to find these policies should I have questions in the future and understand I may request a copy.

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date