



PharmaTech Staffing, Inc

55 High Street, Suite 209, Mt. Holly, NJ 08060 • Tel 1-800-258-7747 • 609-267-8409
Fax 1-609-261-5490 • hr@pharmatechstaff.com

HIPAA Security Policy

I have read and understand the HIPAA Security Policy and agree to abide by the rules established under this Act.

Name: _____

Date: _____

Signature: _____

*All Fields are Required

Please Print and Fax or Mail

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