

HIPAA Privacy & Confidentiality Acknowledgment Form

Employee / Contractor Name: _____

Position / Role: _____

Start Date (or Training Date): _____

1. Acknowledgment of HIPAA Training & Policies

I acknowledge that I have received and/or will receive training on:

- The Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules
- Rise & Shine ABA's policies and procedures regarding the use, disclosure, storage, and protection of Protected Health Information (PHI)
- My responsibility to safeguard all client information, whether written, verbal, or electronic

I understand that I am responsible for reading, understanding, and following these policies at all times while working with Rise & Shine ABA.

2. Confidentiality Obligations

I understand and agree that:

- I may only access, use, or disclose PHI as necessary to perform my job duties and as permitted by law and company policy.
- I will not share client information with anyone who is not authorized to receive it.
- I will take reasonable steps to protect PHI, including safeguarding paper records, electronic devices, passwords, and conversations.
- My duty to maintain confidentiality continues even after my employment or contract with Rise & Shine ABA ends.

3. Prohibited Actions

I understand that I must NOT:

- Discuss client information in public or unsecured areas (e.g., hallways, waiting rooms, public transportation, social media).
- Remove PHI from authorized work locations unless specifically permitted and secured.
- Save client data on personal devices or cloud services that are not approved by Rise & Shine ABA.
- Share my login credentials or allow others to use my accounts.

4. Reporting Requirements

I agree to:

- Immediately report any suspected or actual breach, loss, or improper disclosure of PHI to my supervisor or the designated Privacy Officer.
- Cooperate with any investigation related to privacy or security incidents.

5. Consequences of Violations

I understand that:

- Violations of HIPAA or Rise & Shine ABA's privacy and security policies may result in disciplinary action, up to and including termination of employment or contract.
- HIPAA violations may also result in civil and/or criminal penalties under federal and state law.

6. Certification & Signature

By signing below, I certify that:

- I have received information and/or training regarding HIPAA and confidentiality.
- I understand my responsibilities to protect PHI.
- I agree to comply with all applicable laws, regulations, and Rise & Shine ABA policies regarding privacy and security.

Employee / Contractor Signature: _____

Print Name: _____

Date: _____

Supervisor / HR Representative (optional): _____

Date: _____