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### HIPAA & Confidentiality Acknowledgement Form

Our professional ethic requires that each employee maintain the highest degree of confidentiality when handling client or corporate matters. As an effort to maintain this professional confidence, no employee shall disclose client information to outsiders, including other clients, third parties or members of one's own family.

I \_\_\_\_\_ acknowledge that I have received that HIPAA Training Handbook for Clinical Staff and understand it sets forth the terms and conditions of confidentiality for all Intellectual Gift, Inc. documents, records and corporate information.

I understand and agree that it is my responsibility to read the HIPAA Training Handbook and to abide by the standards of confidentiality set forth by the HIPAA Training Handbook and Intellectual Gift, Inc.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_