



STANDARD OPERATING PROCEDURE

Subject	Program Area	Revised	Number
HIPAA ADMINISTRATIVE POLICY & PROCEDURES	HIPPA	November 2024	12.1C

FORM C

OUR HOUSE, INC.
ACKNOWLEDGMENT OF PHI PRIVACY REQUIREMENTS

I understand that during the course of performing assigned job functions on behalf of Our House, Inc., certain individually identifiable health information about the participants and beneficiaries may be revealed to me. I understand that this information is considered to be protected health information (“PHI”) under federal law and that I may not further disclose the PHI, orally or otherwise, to any persons for any purpose unless Our House, Inc.’s policies and procedures expressly allow me to do so. I understand that I am obligated to abide by Our House, Inc.’s policies and procedures for protecting the privacy of PHI. I acknowledge that I have received and read the policies and procedures. I understand that my violation of this obligation may result in remedies or discipline against me, up to and including dismissal. I also understand that my obligation to not further disclose the PHI survives my association with Our House, Inc. I also understand that my failure to adhere to these obligations could result in either civil or criminal penalties against me in addition to any remedies or discipline Our House, Inc. may impose.

I have received and read the above.

By signing below, I acknowledge my obligations.

PRINTED NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

OUR HOUSE, INC. REPRESENTATIVE:

PRINTED NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____