

**THE GULF COAST CENTER**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Agency name (if applicable)

**RIGHTS ACKNOWLEDGEMENT  
FORM**

As part of my Contract requirements as a provider for the Gulf Coast Center, I (Print Name) \_\_\_\_\_ have reviewed the GULF COAST CENTER Corporate Compliance / Rights Protection Packet and understand its contents.

If I have any questions I understand that I may direct them to Cindy Kegg, the Corporate Compliance / Rights Protection Officer at 1-888-839-3229.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF RECEIPT & UNDERSTANDING  
OF HIPAA PRIVACY TRAINING**

I, (Print Name) \_\_\_\_\_ acknowledge that I have received a copy of The Gulf Coast Center’s HIPAA Privacy Training, and I acknowledge that I have read and understand its contents

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF EMAIL  
COMMUNICATION INSTRUCTIONS**

I have received a copy of the “safetosend” email instructions and understand that Emailing client information without safeguarding is a VIOLATION OF CONFIDENTIALITY.

I(Print Name) \_\_\_\_\_ will take all precautions to safeguard client names and personal information.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

=====  
*Please return signed acknowledgement form to Gulf Coast Center Provider Service Staff, Lone Oak Ranch, 7000 Ave B. Santa Fe, Texas 77510.  
Thank You!*

A copy should also be sent to Volunteer Services or Human Resource Services depending on your status (volunteer, temp., contract, etc.).