

Name: _____

Date: _____

18 HIPAA Identifiers

T T R Q M C T C G U I K J I P Z I R I Y O T R N
R E B M U N Y T I R U C E S L A I C O S C M E Z
I I E U G R E I F I T N E D I E L C I H E V B I
F W H Q J J C Z B G I D M W H F P N Q Y I L M F
C C B I P V F A E O R P Y P A Z H N J R F P U Y
V M O P B N P K C E K G A N D T P T J A F F N V
S C I R T E M O I B O R Y D W F G K N I Y U E U
E H M S B R K Z V U P W L J D I G O Y C W N S W
Z P N Z Z U V T S S P X F P U R B A A I W I N I
F S V K A X J S U R L Y U B R L E V A F C Q E N
L J O Q Y H E E E E S O M C Q K A S G E S U C V
M G L K B M N G Q B J R V G H G F L S N S E I Y
R W J T K S O A P M F T Y H O L L A E E E I L Q
N T N D V G H M W U U D F E V C J T X B R D X H
I Y S Z T G P I L N W I A M X B R E X N D E T C
E D J G U J F N D T M N D M L K V M M A D N G O
M B R R P R F A M N R G B X W W G A Z L A T T V
L B L J S A T O V U M W Z J O J Z I I P S I S X
L W H D B R R J K O P X M C C X C L V H K F P J
A C P C U A Q B Y C H L S Q C E G K Z T N I Y J
Z P R T H Y F C B C U Q A V V I X H X L C E V T
T A B H J D R N I A D Y H K J Q Q Q V A D R N C
R E I F I T N E D I E C I V E D P P T E H E J J
H V T I C K X N A M E M T D X H F A V H M I R P

Health Plan Beneficiary
Unique Identifier
License Number
Address
Phone
MRN

Social Security Number
Device Identifier
Biometrics
Images
Name
Fax

Vehicle Identifier
Account Numbers
IP Address
Email
URL