

Name: _____

HIPAA

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

GOVERNMENT
SECURITY
PRIVACY
HIPAA
ZZZZ

SAFEGUARD
DISPOSAL
BORING
JAIL
FINE

VIOLATION
SHARING
RULES
DATA