

Name: _____

Date: _____

HIPAA

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

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