

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Patient Confidentiality

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

medical history  
authorization  
protected  
patient

Privacy Officer  
confidential  
breaches  
HIPAA

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Need to Know  
shredded  
PHI