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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Health Information Management Week

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

   ABSTRACTING       ADMISSION       ANALYSIS       AUTHORIZATION FORM       CODING       CONFIDENTIALITY       DIAGNOSIS       DISCHARGE       DISCLOSURE       ELECTRONIC RECORDS       EPIC       FALSE CLAIMS ACT       FAMILY SERVICES       HEALTH INFORMATION       HIPAA       HITECH       HOSPITAL       INPATIENT       MEDICAL RECORD       MEDICATION       MRI       MY CHART PROXY       OUTPATIENT       PREPPING       PRIVACY NOTICE       QUALITY CHECK       RELEASE OF INFORMATION       SCANNING       SURGICAL PROCEDURE       TERMINAL DIGIT       THERAPY SERVICES       XRAYS