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Integrity Compliance Crossword

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| **Across**  **1.** The process of converting information or data into an unreadable format in order to prevent unauthorized access.  **2.** When using or disclosing protected health information a covered entity must make reasonable efforts to limit protected health information to the Minimum (blank).  **5.** True or False. Faxing or emailed unsecured PHI to an unintended party is considered a breach under HIPAA law.  **6.** Random monthly audits performed by Integrity's Compliance Teams.  **9.** A lawful or unlawful release of PHI/ePHI is called a (blank).  **11.** The acquisition, access, use, or disclosure of unsecured PHI, in a manner not permitted by HIPAA.  **14.** A US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.  **15.** If an Integrity employee receives a request for access to PHI, the employee should ask the caller to confirm how many pieces of sensitive information about themselves for verification purposes?  **16.** Information that can identify a person.  **17.** Penalties for HIPAA violations can range from one hundred to (blank) thousand dollars per violation per person.  **18.** One method for reporting compliance concerns within Integrity companies.  **19.** The government office that protects a patients information.  **20.** A (blank) associate is an entity that performs certain functions involving PHI on behalf of a covered entity. | **Down**  **3.** A set of national standards that protects ELECTRONIC forms of PHI is called the (blank) Rule.  **4.** Policy that protects employees from adverse action stemming from a compliance report made in good faith.  **7.** A good way to securely dispose of hard copy PHI.  **8.** The acronym used to describe what HIPAA is meant to protect.  **10.** Medical Providers, Health Plans, and Clearing Houses are the 3 types of (blank) Entities.  **12.** Integrity Marketing Group is regulated by HIPAA because we are considered a Business (blank).  **13.** Losing a cell phone that stores or permits access to client PHI is a (blank) and needs to be reported. |