

Name: _____

Date: _____

HAPPY H.I.M. WEEK!!!

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

ELECTRONIC MEDICAL RECORD

INDEXING UNIT

DEFICIENCIES

OUTPATIENT

ANALYSIS

QUALITY

HIPAA

RELEASE OF INFORMATION

REVENUE CYCLE

AMBULATORY

INPATIENT

SCANNING

CODING

HIM

AUTHORIZATION

TRANSCRIPTION

COMPLIANCE

ABSTRACT

PRIVACY

AUDIT