Name: _____ Date: _____

HIP WEEK 2018

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

RELEASE OF INFORMATION
INFORMATION
HEALTHCARE
DISCHARGE
PAPERWORK
BILLING
REPORTS
FILE
AUTHORIZATION
AMBULATORY
PROCEDURES
DOCUMENTS
RADIOLOGY
CLINICS
CHART
LABS
DOCUMENTATION
FACILITIES
ADMISSION
ENCOUNTER
REQUESTS
RECORDS
FORMS
SCAN