

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

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

# Protecting Our Patients' Privacy

## Across

5. Patient

\_\_\_\_\_ is  
your right to decide  
when, how, and to what  
extent others may access  
your health information

6. This is a digital  
version of medical  
records

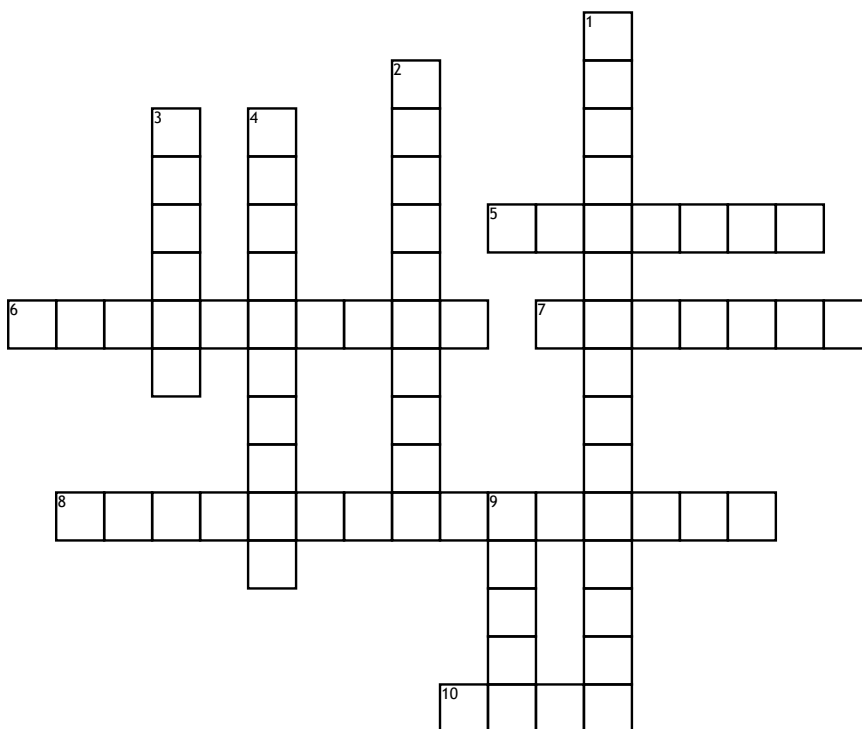
7. This must be signed  
by the patient in order to  
receive a copy of their  
medical records

8. PHI stands  
for \_\_\_\_\_

Information

10. A provider must  
post the notice of  
privacy practices in a  
clear and

\_\_\_\_\_ -to-find  
location where patients  
are able to see it



## Down

1. The state of  
keeping or being kept  
secret or private

2. The action or act of  
complying with rules and  
standards

3. An act of breaking  
or failing to observe a  
law, agreement, or code  
of conduct

4. Must be included  
when sending PHI via fax

9. The privacy rule all  
healthcare workers must  
abide by

