Name: _____ Date: _____

Health Information Management Week

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

RELEASE OF INFORMATION
SURGICAL PROCEDURE
FAMILY SERVICES
TERMINAL DIGIT
MEDICATION
DISCHARGE
PREPPING
HIPAA

AUTHORIZATION FORM
FALSE CLAIMS ACT
MEDICAL RECORD
QUALITY CHECK
OUTPATIENT
INPATIENT
SCANNING
XRAYS

ELECTRONIC RECORDS
THERAPY SERVICES
MY CHART PROXY
ABSTRACTING
ADMISSION
ANALYSIS
CODING
EPIC

HEALTH INFORMATION
CONFIDENTIALITY
PRIVACY NOTICE
DISCLOSURE
DIAGNOSIS
HOSPITAL
HITECH
MRI