Name _____ Unit/Dept _____

Contact Email or Phone # _____

Please circle one: SB University Hospital SB Southampton Hospital SB Eastern Long Island Hospital

Stony Brook Medicine

HIPAA PRIVACY OFFICE

Dara Goldstein
Chief HIPAA Privacy Officer

CONTACT

PHONE:
631-444-5796

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*Fax your completed form to 631-223-4310 by noon on November 10th, 2025, to be entered in a random drawing for a Stony Brook Medicine monogrammed item.

HIPAA Word Scramble

1. A patients right under HIPAA to have access to their health information is called

TRIHG FO CASCES _____ ___ _____

2. An activity performed by the HIPAA Privacy Office when there is a Privacy complaint or suspicious EMR access alert

NIEAOINTISGTV _____

3. The release, transfer, provision of access to or divulging in any manner of information outside the organization

RLCIDSOSEU _____

4. Vendors who perform certain functions or activities that involve the use or disclosure of patient information on behalf of SBM are

SNEUSISB AICEASOTSS _____ _____

5. A Covered Entity's reasonable efforts to limit the use and amount of PHI disclosed, to only that which accomplishes the intended purpose

IMIMNMU NSSEACYER _____ _____

6. Required document informing patients how SBM may use or disclose their health information and informing them of their HIPAA privacy rights

INECOT FO IPYVCRA EITPACCSR

_____ ____ _____ _____

7. You should report Privacy concerns to the

PYICARV FOICFE _____ _____

8. Patient's request to correct mistakes in their medical record

NMETAMEND _____

9. Accessing a patient's health information in the electronic medical record is only for a

ROWK ERTLAED RNAESO _____ _____ _____

10. This activity leads to employee discipline up to and including termination.

GIPNOOSN _____