Authority: [leave blank]

History: [leave blank]

Indexed as: Enter up to eight keyword and/or phrases separated by semicolons.

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| Title/Subject: | | HIPAA: ENTER TITLE/SUBJECT | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Applies to: | faculty | | | staff | | students | | student employees | | visitors | contractors | student clinicians |
| Effective Date of This Revision: | | | | | Enter date in the format: May 30, 2003 | | | | | | | |
|  | | | | |  | | | | | | | |
| Contact for More Information: | | | | | Enter department or office | | | | | | | |
|  | | | | |  | | | | | | | |
| Board Policy | | | Administrative Policy | | | | Procedure | | Guideline | | | |

## Number: #-#

BACKGROUND:

Type or cut and paste paragraph(s) for this section. Leave blank if not applicable. To spellcheck this section, make sure you have selected and replaced the entire gray area with your text (background should be white). Keep special formatting to minimum.

PURPOSE:

Type or cut and paste paragraph(s) for this section. Leave blank if not applicable. To spellcheck this section, make sure you have selected and replaced the entire gray area with your text (background should be white). Keep special formatting to minimum.

DEFINITIONS:

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POLICY:

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PROCEDURE:

Type or cut and paste paragraph(s) for this section. Leave blank if not applicable. To spellcheck this section, make sure you have selected and replaced the entire gray area with your text (background should be white). Keep special formatting to minimum.