



HIPAA HERO of the Month Nomination

I would like to nominate....

Employee Name: _____	
Clinic/Department: _____	
Name of Employee's Manager	Phone/Pager

...because he/she demonstrated a commitment to protecting our patients' privacy and confidentiality in the following way(s):

(PLEASE DO NOT INCLUDE PATIENT SPECIFIC INFORMATION)

.....
 Date Submitted: _____

Your Name: _____ Phone/Pager: _____

Your Manager's Name _____ Phone/Pager _____
 =====

* ONLY MANAGERS OF SELECTED INDIVIDUALS WILL BE CONTACTED TO SCHEDULE THE AWARD PRESENTATION *

PLACE COMPLETED FORMS IN THE BALLOT BOXES LOCATED OUTSIDE THE HIPAA PROGRAM OFFICE (L-147), OR IN THE MAIN HALLWAY OUTSIDE THE COMPLIANCE OFFICE (S-08), OR FAX TO 2-6278 (HIPAA) OR 4-3356 (COMPLIANCE).

