

HIPAA Compliance Officer & Advisory Committee Form

The	Agency	of:		
Address:				
City:	State:	Zip:		
Phone:			Fax:	
Email:				
Our	HIPAA	Compliance	Officer	is:
Our HIPAA Compliance Committee / Advisors:				
The purpose of this committee is to assist the HIPAA Compliance Officer with decisions, implementation and compliance with the program. Examples of members can be employees, attorneys and professional consultants.				
Committee	Member			Name:
Company				Name:
Company				Address:
City:	State:			Zip:
Phone:			Fax:	Email:

Committee	Member	Name: _____
Company		Name: _____
Company		Address: _____
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____

Committee	Member	Name: _____
Company		Name: _____
Company		Address: _____
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____

Committee	Member	Name: _____
Company		Name: _____
Company		Address: _____
City: _____	State: _____	Zip: _____

Phone: _____ Fax: _____ Email: _____

Committee _____ Member _____ Name: _____

Company _____ Name: _____

Company _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____