



HIPAA Contact Form

- Each facility must name at least one HIPAA contact for HTS to use in the case of Menu Security questions.
- If a HIPAA Contact is not named, the Administrator will be our contact person.
- In the event that none of the HIPAA contacts are available, and the administrator is unavailable, HTS support staff will not be able to give any menu security information. This may result in delays in users gaining access to some HTS programs.
- As HIPAA contacts are changed, it will be the responsibility of the facility to inform HTS. If you need this form for more than one facility, please photocopy it before filling it out.

If we do not receive this information, we will consider the Administrator to be the HIPAA contact person until otherwise notified.

Please **print** for legibility.

Facility Name: _____

HIPAA Contact Person: _____

Alternate HIPAA Contact Person: _____

Administrator: _____

Date: _____

Please return completed form:

Hi-Tech Software
10 Silver St.
Skowhegan, ME 04976

or fax to (207) 474-7124

NOTE: When we receive the name of your HIPAA contact, we will provide that person with your facility's access codes to the secure portion of the Hi-Tech website.