



# HIPAA Data & PHI Status

Date: \_\_\_\_\_ Job Name: \_\_\_\_\_  
Client: \_\_\_\_\_

**#1) Protected Health Information (PHI) — Check Only One Box:**

Will the Client provide FNBR Inc. with any data for this job in any form; including but not limited to databases, labels, and/or lists?

- Yes, Client will provide data but does not contain any PHI data (*skip #2 and #3*).
- Yes, Client will provide data that does contain PHI data (*please answer #2*).
- No data in any form provided by Client (*skip #2 and #3*).

**#2) HIPAA Compliance — Check All That Apply:**

If PHI data in any form is provided by Client, its use is:

- Marketing (*please answer #3*)
- Fundraising (*please answer #3*)
- Other use that does not need HIPAA documentation or authorization (*skip #3*).

**#3) Documentation — Must Be Checked:**

If PHI data in any form is provided by Client and its use is marketing and/or fundraising:

- The Client has obtained written permission from each patient, i.e., Authorization Form; and, the Client has provided notice to each patient regarding disclosure, i.e., Notice of Privacy Practices.

Client Authorization - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

FNBR-HIPAA-PHI:2009-02

LISTS | DESIGN | PRINT | MAIL