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HIPAA COMPLIANCE AUDIT PDF FILLABLE FORM

Please submit the following information to initiate a consultation regarding Vandennack Weaver LLC HIPAA compliance audit program.

Prior to submitting information via this form, please review our web site terms and conditions which you can find at www.VWattys.com. By submitting information via this form, you acknowledge that you have read and agree to our web site terms and conditions. If you would like information about how to submit this form to us in a secure manner, please contact us at info@VWattys.com.

Note: If you need more space to complete the below questions, please feel free to attach additional sheets.

Legal Name of Entity: _____

Entity Address: _____

Entity Phone Number: _____

Your Relationship with Entity: _____

Your Email Address: _____

Your Primary Phone Number: _____ Cell Home Work

Your Secondary Phone Number: _____ Cell Home Work

Preferred Method of Contact: _____

Is the Entity a Health Care Practice? If so, indicate type: _____

a Health Plan? If so, indicate type: _____

a Business Associate? If so, indicate type: _____

Number of Employees: _____

After this document has been completed, please email it to info@VWattys.com or fax it to (402) 504-1935.

We will need additional information from you. Upon our receipt of the above general intake information, we will provide an additional information request to you by email or in such other manner as you prefer.