

## VANDENACK WILLIAMS LLC

Attorneys at Law  
17007 Marcy Street, Suite 3  
Omaha, NE 68118  
(402) 504-1300 Telephone  
(402) 504-1935 Facsimile  
[vanwil.com](http://vanwil.com)

### HIPAA COMPLIANCE AUDIT PDF FILLABLE FORM

Please submit the following information to initiate a consultation regarding Vandennack Williams 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.vanwil.com](http://www.vanwil.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@vanwil.com](mailto:info@vanwil.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@vanwil.com](mailto:info@vanwil.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.