

**HIPAA Illinois Work Groups**

Please sign up for one or more Work Groups. Additionally, you may also sign up other individuals within your organization to any or all work groups.

**Person Completing Form:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**HIPAA Transactions and Code Sets Work Group**

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**HIPAA Educational Work Group**

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**HIPAA Privacy and Security Work Group**

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_