HIPAA File Specification

Field Name	Field Definition	Example Ou
practice_id	Practice ID	
		MRN.1111.fc4f8851-3762-4e8
patient_mrn	Patient MRN	e0-7a0e1551a
MEDENT_id	Patient's MEDENT account number	(
	Yes or No is the checkbox for reviewed HIPAA	
Rrvwd_statement	Statement has been checked	
rvwd_date	Date the HIPAA statement was reviewed	2023-03
	Yes or No is the checkbox for patient refused to	
refused_acknowledgement	sign acknowledgement	
	Date the patient refused to sign	
refused_date	acknowledgement	
	Yes or No if the patient is willing to receive	
appt_work	appointment information to their work phone	
	Yes or No if the patient is willing to receive	
appt_home	appointment information to their home phone	
	Yes or No if the patient is willing to receive	
	appointment information to their mobile phone	
appt_mobile_text	via text	
	Yes or No if the patient is willing to receive	
	appointment information to their mobile phone	
appt_mobile_call	via a phone call	
	Yes or No if the patient is willing to allow another	
appt_anotherperson	person to receive their appointment information	
	Yes or No if the patient is willing to receive	
appt_mail	appointment information via mail	
	Yes or No if the patient is willing to receive	
	appointment information via email or their portal	
appt_email_portal	login	
	Yes or No if the patient is willing to receive	
medical_work	medical information to their work phone	
	Yes or No if the patient is willing to receive	
medical_home	medical information to their home phone	
	Yes or No if the patient is willing to receive	
	medical information to their mobile phone via	
medical_mobile_text	text	
	Yes or No if the patient is willing to receive	
	medical information to their mobile phone via a	
medical_mobile_call	phone call	
	Yes or No if the patient is willing to allow another	
medical_anotherperson	person to receive their medical information	

	Yes or No if the patient is willing to receive	
medical_mail	medical information via mail	
	Yes or No if the patient is willing to receive	
medical_email_portal	medical information via email or their portal login	
HIPAA_signature	Yes or No if a signature is on file	