

## PROJECT ROLES

Please provide the contact information for the following roles.

(Note: One person may be identified for multiple roles. Please identify roles for each location where applicable.)

Title	Name	Email	Phone Number
Signoff Authority			
Approval Authority			
Project Manager			
Chief Security Officer			
Chief Privacy Officer			
Accounting Manager			
HR Director			
HIPAA Trainer 1			
HIPAA Trainer 2			
HIPAA Trainer 3			
Facilities Manager			
EMR Administrator			
IT Network Manager			
HIPAA Compliance Officer			
IT Consulting Contact			
Hosting Service Contact(s)			
Carosh HIPAA Suite Software Company Administrator			
Carosh HIPAA Suite Software Primary Contact			
Carosh HIPAA Suite Software Training Records Manager			

<b>Completed By:</b>
Organization:
Name:
Signature:
Title:
Date:

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