

HIPAA Form SF1010

Non-Patient Visitors

PLEASE SIGN IN BELOW

NON patient Visitors (Pharmaceutical Representatives, Medical Equipment sales, etc.)		
Today's Date _____		
1. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
2. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
3. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
4. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
5. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
6. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
7. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
8. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
9. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
10. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
11. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
12. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
13. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____
Today's Date _____		
14. The name of the visitor: _____	Company represented: _____	The time of arrival: _____
The purpose of the visit: _____	The person being visited: _____	Time visitor leaves facility: _____