

INVOICE

Consultant Name/Firm

Address Line 1

City, State, Zip

Email: contact@example.com

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

Client Name / Organization

Health Care Facility/Provider Address

City, State, Zip

Attn: Compliance Officer

PROJECT REFERENCE:

HIPAA Security Risk Assessment

Privacy Rule Audit & Training

Business Associate Agreement Review

Service Description	Hours/Qty	Rate	Total
Gap Analysis & Technical Safeguard Review			
Policy & Procedure Development (HIPAA/HITECH)			
Workforce Privacy Awareness Training			

Service Description	Hours/Qty	Rate	Total
---------------------	-----------	------	-------

Network Vulnerability Scanning

Subtotal: \$0.00
Tax/Fees: \$0.00
Total Amount: \$0.00

Payment Instructions: Please make checks payable to [Firm Name] or use the ACH details provided in the contract.

Confidentiality Notice: This invoice and any attachments may contain sensitive information related to compliance auditing. Please handle in accordance with your organization's internal privacy policies.