

Annual Review of HIPAA Privacy & Security Rules

The dramatic additions to the Health Insurance Portability and Accountability Act (HIPAA), first passed into law in 1996, with the advent of the HIPAA Privacy Rules and two years later the HIPAA Security Rules provides a new layer of regulations that all medical practices need to deal with on a day-to-day basis. HIPAA Privacy Rules require the adoption of specific practice policies to address patient privacy issues, while the Security Rules require a broad technique to assess risk and the techniques for handling "electronic" data. In addition, both the Privacy and Security Rules require annual and ongoing training efforts for all physicians and staff. This course in an ideal way to satisfy all the requirements for the annual HIPAA Privacy and HIPAA Security training for all physicians, surgeons and staff.

This Practice Management Webconference is just \$99 for Members & their Practices:

- | = A 90-minute live Webconference including a formal presentation and time for Q&A
- | = The course is given once as a live Webconference, on Wednesday June 4, 2008 (convenient for your staff) and then via streaming Internet technologies shortly thereafter. Your \$99 registration fee covers either one or both presentations and handout materials.
- | = The ability for ACS Fellows and practice managers to e-mail follow-up questions to Economedix Practice Management Advisors for personalized responses



Course Objectives - Completion of this Practice Management Course will provide:

1. A broad understanding of regulations behind both the HIPAA Privacy and Security Rules
2. A review of HIPAA Privacy processes, techniques and best practices
3. Methods to define and measure "Risk Assessment" to review current security requirements
4. A review of both HIPAA Privacy & Security Policies and Procedures that will be needed for medical practices
5. An understanding of employee training requirements needed to fully implement these HIPAA Rules

Sponsored by the American College of Surgeons, PAHCOM, HNA & Others

Accreditation - The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education to physicians.

Credits - The American College of Surgeons designates this educational activity for a maximum of 1.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity. PAHCOM has pre-approved this educational activity for 1 CEU towards the PAHCOM CMM designation. To earn the credit, participants must complete the combination Evaluation / CME - CEU Form, that is included in the course materials, and FAX this form back within seven days following the date of the Webconference.

Faculty - The faculty for the course is Mr. Tom Loughrey, MBA, CCS-P. Mr. Loughrey is Chairman of Economedix and a noted practice management consultant to physicians, medical offices and medical societies. For over a decade, Mr. Loughrey has provided consulting services to the College as a part of the Consultant's Corner at the annual ACS Clinical Congress and regularly is engaged by ACS to speak and teach at meetings and workshops throughout the country.

Registration & Information - This completed form can be Faxed Toll Free to **877-813-9784**; or mailed to **Economedix - 297 Valley Road # 200 - Wexford, PA 15090**; For complete details and secure On-Line Registration simply go to: <http://www.YourMedPractice.com>

Thank you for your interest in this HIPAA Program!



Practice: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Contact: _____ E-Mail: _____

Yes, we want to participate in the **Annual Review of HIPAA Privacy & Security Rules** ... and will attend
[] Wednesday June 4, 2008 @ 1 PM Eastern, [] Web-based On-Demand ... or [] Both Presentations.

Form of Payment: [] Check Payable to Economedix, LLC & mailed to: 297 Valley Rd # 200 - Wexford, PA 15090
or [] Credit / Debit Card (MC, Visa, Discover or American Express)

Card Number (15 or 16 digits): _____ Expiration Date: ____ / ____

3 Digit CVV Code* : _____ Name on Card: _____

Card Billing Address: _____

Card Billing City, ST Zip: _____ * Please use 4 Digit Code on front of AMX Card