

How Other Healthcare Organizations Comply with the HIPAA Security Rule

May 21, 2020 • 12:00 PM (CT) • up to 1.5 CCB CEUs



Alan Norquist,
CEO, Veriphyr

- Review of the HIPAA Security Rule
- Review of required implementation specifications of Information System Activity Review
- Review of how other healthcare organizations are solving this problem to easily comply with the HIPAA Security Rule

HCCA WEB CONFERENCE

How Other Healthcare Organizations Comply with the HIPAA Security Rule

May 21, 2020 • 12:00 PM (CT) • up to 1.5 CCB CEUs (subject to change due to length of presentation content)

Contact Information

Mr Mrs Ms Dr

Member/Account ID (if known)

First Name MI Last Name

Credentials (CHC, CCEP, etc.)

Job Title

Organization (Name of Employer)

Street Address

City/Town State/Province

Zip/Postal Code Country

Work Phone

Email (required)

Acknowledgements

By submitting this registration, you agree to the full Terms and Conditions, including the use of your information, viewable at hcca-info.org/webconferences/tandc.

Your information (postal address) may be shared with conference exhibitors, attendees, speakers, affiliates, and partners for marketing and/or networking purposes. To see the full use or if you wish to opt-out, visit hcca-info.org/privacy.

By participating in an HCCA conference, you grant HCCA, or anyone authorized by HCCA, the right to use or publish in print or electronic medium any photograph or video containing your image or likeness for educational, news, or promotional purposes without compensation.

Web Conference Subscriptions: One session will be deducted from your prepaid subscription package for each option chosen. If you choose the live event plus the post-session recording, two sessions will be deducted. Visit hcca-info.org/subscribe for more information.

Registration Fees

	Member	Non-Member	Subscription
Live Conference	<input type="checkbox"/> \$99	<input type="checkbox"/> \$119	<input type="checkbox"/>
Post-Session Conference Recording	<input type="checkbox"/> \$99	<input type="checkbox"/> \$119	<input type="checkbox"/>
BOTH: Live plus post-session recording	<input type="checkbox"/> \$159	<input type="checkbox"/> \$179	<input type="checkbox"/>
Join HCCA and pay member prices*		<input type="checkbox"/> \$220	

*Save by joining today (first-time members only). Dues renew at \$325.

TOTAL \$ _____

Payment

Online registration at hcca-info.org/webconferences

Mail this form to HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435-2358

Fax this form to 952.988.0146

Email this form to helpteam@hcca-info.org — Due to PCI compliance, do not provide credit card information via email. You may email this form (without credit card information), then call HCCA at 888.580.8373 with payment information.

Subscription:

Subscription Holder's Name

- Invoice me
- Check enclosed (payable to HCCA)
- Wire transfer requested
- Credit card: I authorize HCCA to charge my:
- Visa MasterCard Discover American Express

Credit Card Account Number

Credit Card Expiration Date

Cardholder Name

Cardholder Signature