

Decoding the Alphabet Soup of BAAs and CEs and ERM: A Lesson on Privacy Practices and Work Flows

September 24, 2020 • 12:00 PM CT • 90 minutes



Peggy Beat,
Partner,
Lewis Brisbois

- Define a covered entity
- Define a business associate
- Describe a third party vendor
- Explain the process for risk management and third party vendors relating to privacy and security
- Describe possible process and data flows for 1–4 above



Decoding the Alphabet Soup of BAAs and CEs and ERM: A Lesson on Privacy Practices and Work Flows

September 24, 2020 • 12:00 PM CT • 90 minutes

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 web conference attendees, speakers, affiliates, and partners for marketing and/or networking purposes. To see the full use of your information or if you wish to opt-out, visit hcca-info.org/privacy.

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