

Re-evaluating Your Risk Assessment Process Post-Pandemic and Pivoting Your Action Plans

November 12, 2020 • 12:00 PM CT
90 minutes

November 20, 2020 • 10:00 AM CT
90 minutes



Betsy Wade,
Chief Compliance
& Ethics Officer,
Corporate Compliance
& Ethics, Signature
Healthcare Consulting
Services, LLC

- Understand how the COVID-19 pandemic has created an unprecedented risk environment for health care compliance, internal audit, and risk management professionals
- Identify specific clinical, environmental, financial, operational, regulatory, reputational, and strategic risks facing healthcare organizations that should be incorporated into the annual risk assessment process as a result of the COVID-19 pandemic
- Learn how to incorporate COVID-19 risks into your compliance monitoring plans and internal audit plans for approval by your management compliance committee and Board



Re-evaluating Your Risk Assessment Process Post-Pandemic and Pivoting Your Action Plans

November 12, 2020 • 12:00 PM CT
90 minutes

November 20, 2020 • 10:00 AM 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.

Registration

HCCA members only

Live Conference (SELECT ONLY ONE DATE): November 12 or November 20 \$0

Members are requested to select only one live session to participate in. The recordings of both live presentations will be available for download after seven days following each live presentation.

Non-members

Non-members: Join HCCA today* \$325

*Dues renew yearly 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.

- HCCA member (complimentary)
- 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