

THE BASICS OF HIPAA

A CEU Training Program



3 MONTH ONLINE TRAINING WORTH 6 CEUs

Sponsored by



American Institute of Healthcare Compliance, Inc.

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Visit our web site at www.aihc-assn.org

An Internationally Recognized Compliance Training & Certification Leader in Health Care
501(c)(3) Non-Profit Organization

Who should take HIPAA Basics CEU Training Program?

This training program is designed for health care professionals working in clinics, hospitals and other covered entities needing an update on the basics of HIPAA Enforcements, Ethics, and HIPAA Security.

Are there specific computer requirements needed for this course?

Computer
Requirements



Yes! You will need High-speed Internet access, Email, Microsoft Word, Excel & Adobe Reader

What is the cost? What is included?

Tuition: \$75.00

*AIHC Members pay only **\$35.00** - No coupon required!*

- + Course Access & Temporary Membership (non-members) granted for three (3) months
- + Online access to three (3) individual modules (see next page for details)
- + Modules are formatted to download to your computer
- + Online quiz for each module
- + Certificate of Completion awarded for passing all online quizzes with minimum score of 80%

[Click Here](#) to register online for this 3 Month Course

AIHC Member: [Click Here](#), locate course in the **AIHC Members Store**



Locate the course & click “**Register Now**”

Login; Registration form auto-populates – Submit & Proceed to Shopping Cart

OR scroll down for hard copy registration form

Do you have a Refund Policy?

Yes! [Click Here](#) to view our Refund and Transfer Policy.

Basics of HIPAA Enforcements

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| <ul style="list-style-type: none"> ● Federal Trade Commission (FTC) Act ● What you can do to Comply with the FTC Act ● Notification in Case of Breach ● Breach Notification Rule <ul style="list-style-type: none"> – When Does It Apply? ● HIPAA HITECH Breach Notification Rule ● Notification to Individuals ● Notification to the Secretary ● Notification by a Business Associate ● Burden of Proof ● Safe Harbor | <ul style="list-style-type: none"> ● Other Exceptions Still Apply ● Limited Data Set Exception Removed ● Changes to “Unsecured Protected Health Information” ● “Wall of Shame” ● Instructions for Submitting Notice of Breach to the Secretary ● HITECH & the HIPAA Final Rule: Provisions related to Enforcement ● How OCR Enforces the HIPAA Privacy & Security Rules ● Consequences - Imposition of Civil Money Penalties |
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Basics of HIPAA Ethics

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| <ul style="list-style-type: none"> ● Developing a Culture Demonstrating Ethical Behavior ● Due Diligence – Protecting Confidentiality | <ul style="list-style-type: none"> ● Compliance as a Part of Ethics ● Code of Conduct – Key Tool for Management ● Ethics in Leadership |
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Basics of HIPAA Security

- | | |
|--|---|
| <ul style="list-style-type: none"> ● Why Health Care Needs the Security Rule ● New Guidance Available from the Government ● The Interplay between HIPAA and HITECH ● Key Elements of the Security Rule ● Administrative Safeguard | <ul style="list-style-type: none"> ● Physical Safeguard ● Technical Safeguard ● Don’t overlook the basics to secure ePHI ● Take advantage of free government guidance |
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How does the HIPAA Basics Training Program work?

- ✓ Access granted to course materials for 3 months
- ✓ Review the online eBook for the selected topic
- ✓ Complete the online quiz and achieve a minimum score of 80%
- ✓ Downloadable information can be used to train others within your facility

Are you an AIHC Credentialed Member in need Of CEUs?



6.0 CEUs have been preapproved per course by the American Institute of Healthcare Compliance (AIHC) for AIHC professionals.

Already hold a Credential with AIHC ~ [Click Here](#) to view the AIHC CEU renewal chart.



**HIPAA Basics:
Continuing Education Training Program
ENROLLMENT FORM**

Office Use Only
Date Received: Web site Access Date: By:

Enrollment Date: _____		Tuition (CHECK APPROPRIATE BOX)	
Print Name & Credentials:		<input type="checkbox"/> Tuition: \$75.00 AIHC Member? <input type="checkbox"/> Tuition: \$35.00 <input type="checkbox"/> AIHC Member ID#: _____	
Employer Name, Position & Check Highest Level of Education:		<input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma Program <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters or Higher	
Employer Address: Is Employer paying for this course? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Address:	
Clearly PRINT YOUR EMAIL ADDRESS(ES) for website administration & confirmation of registration:		Work Phone (Ext.):	Alternate Phone:
Primary Email:			
Alternate Email:			
Charge My Credit Card: [] VISA [] MasterCard [] Discover Fax to: 330-952-0716			
Card #: _____ Sec Code _____ Exp. Date _____			
Billing address for credit card: _____			
Name as it appears on the card: _____			
Authorized Signature & Date: _____			
<p align="center">Paying by Corporate Check? Amount Due: _____</p> <p align="center">Please make checks payable to: AIHC <i>Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256</i> PHONE: 330-241-5635 / FAX: 330-952-0716</p> <p align="center">Please visit our website at www.aihc-assn.org for more information about our company. Inquiries should be made to ContactUs</p> <p align="center">How did you hear about us?</p> <input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIMA web site <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____			

American Institute of Healthcare Compliance, Inc.

Membership Application/Required for non-members enrolling in this program
(Membership included in price of tuition for new members only)

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kinesiotherapist | |

OIG exclusion

Have you ever been:

1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?

2) Placed on the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold a high standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals. For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at <http://exclusions.oig.hhs.gov/>)

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction for membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature

Date