

# HIPAA Privacy & Security

## Training Camp

Tampa, Florida • April 30-May 1, 2019

Network and train as a Certified HIPAA Compliance Officer.



## Sponsored by The American Institute of Healthcare Compliance (AIHC)

AIHC is a nonprofit 501(c)(3) organization and an internationally recognized leader in healthcare compliance training and certification. Our mission is to provide education, certification, and continuing education to healthcare administrators at a reasonable cost through our classroom and web-based training programs. We seek to improve the competency of medical facility management in an increasingly complex regulatory environment and build an international network of credentialed healthcare professionals.

- [Mission and Vision](#)
- [Board of Directors](#)
- [Professional Staff: Instructors, Corporate Trainers, and Online Course Managers](#)
- [Join Our ListServ to Receive Compliance News and Training Program Updates](#)
- [Contact Us](#)

## Course Prerequisites

This training camp is designed to train providers and health care professionals responsible for HITECH, privacy, and security in a health care facility. This includes physicians, HIM professionals, compliance professionals, HIPAA Privacy Officers, practice and hospital administrators, educators, and medical billing professionals. View the [Do I Qualify to Take the Certified HIPAA Compliance Officer \(CHCO\) Exam](#) page for our recommendations for professionals considering the certification option that is part of this training program.

## Included in the Training Camp Tuition

- The camp includes two days of classroom training to review key course concepts.
- Lunch is provided both days of the training camp.
- Training materials and access to the online course page are provided.
- Quizzes and downloadable information can be accessed through the online course page after camp ends.
- AIHC Membership is provided for one (1) year *for first time members only*.
- One attempt at the online CHCO Certification Exam is included in the course tuition provided the exam is taken within three (3) months of the last day of the training camp.

## Training Camp Facilitator

### Joanne Byron

LPN, BS, CCA, CMDP, CHA, CHCO, CHBS, CHCM, CIFHA, OHCC, ICDCT-CM/PCS



Ms. Byron is the founder of the American Institute of Healthcare Compliance and chairperson of the Board of Directors. She has helped in the development of the programs offered through this institute and has served as an instructor for these programs as well. Joanne is affiliated with AAMA (American Association of Medical Assistants), AHIMA (American Health Information Management Association), ASQ (American Society for Quality), and MGMA (Medical Group Management Association). She has over thirty years of experience in health care. Her expertise is conducting business systems and compliance audits. She has served as an expert witness in legal cases with expertise in coding, documentation, collection and billing compliance.



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## Training Camp Keynote Speaker

### Katherine Koss-Vyrostek

BA, CHA, CHCO, CIFHA, CPC, CPMA, OHCC, ICDCT-CM



Ms. Koss-Vyrostek has over 15 years of experience in coding, compliance, auditing, provider training, and corporate education. Katherine has been an American Institute of Healthcare Compliance (AIHC) instructor since 2011. She also manages a practice and provides consulting in areas of compliance, documentation requirements, and coding standards. She is a Certified Professional Coder (CPC), Certified Healthcare Auditor (CHA), Certified Internal Forensic Healthcare Auditor (CIFHA), Certified HIPAA Compliance Officer (CHCO), and Certified Professional Medical Auditor (CPMA). Katherine is affiliated with AIHC, the National Alliance of Medical Accreditation Services (NAMAS), and the American Academy of Professional Coders (AAPC).

## Training Camp Learning Objectives

Class size is limited to provide an optimal learning experience and the agenda is subject to change.

### Privacy: Tuesday, April 30, 2019

- Issues of HIPAA & HITECH
  - Reasonable Care: Duty of Care in the Health Care Industry
  - Overview of the 2013 Omnibus Final Rule
  - The Privacy Rule
  - Disclosure Rules: Release of Information & Health Information Privacy
- Importance of HIPAA and the Impact on Covered Entities and Business Associates
- Business Associates & Business Associate Agreements (BAA)
  - Reasonable Care: Duty of Care in the Health Care Industry
  - Use of Subcontractors & Agents
- Notice of Privacy Practices & Understanding Protected Health Information
- \*\* Interactive HIPAA Compliance Group Sessions to Practice Gap Analysis
- Privacy, Breach & Mitigating Risk
  - When is a Breach Not Really a Breach?
  - Breach Notifications
- EDI, Transactions, & Code Sets
- HIPAA Privacy Rule under the Genetic Information Nondiscrimination Act (GINA)
- HIPAA Policy Considerations: Modifications to the Definition of “Reasonable Cause”

### Security: Wednesday, May 1, 2019

- \*\* Interactive HIPAA Compliance Group Sessions – Presentation of Gap Analysis Findings
- Electronic Health Records: Meaningful Use
  - EHR Incentive Program and ONC: Office of the National Coordinator For Health Information Technology
  - Certified EHR Technology
  - Important Notice Issued by Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs



## Training Camp Learning Objectives, continued

### Security: Wednesday, May 1, 2019, continued

- HIPAA Security & Mitigating Risk
  - Core Areas For HIPAA Security
  - Business Associates & the Security Rule
  - NIST APPROACH: Risk Management Framework (RMF)
  - Policies, Procedures, & Documentation
- HIPAA Security Rule & Understanding the Concept of Risk Analysis and Risk Management
- Administrative Safeguards under HIPAA
- Physical Safeguards
- Technical Safeguards
- Cybersecurity Awareness
  - Mitigating Risks Related to Cyber Crimes
  - Ransomware Remediation
  - Cyber Security – Tips to Mitigate Risk

## Earn Continuing Education Units (CEUs)



**18 CEUs:** This program has been approved for 18 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals.



**18 CEUs:** This program has been approved for 18 continuing education units for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

**Core Content Hours Approved:** Privacy & Security, 18 Hours

## Optional Certification Exam

Experienced HIPAA Privacy Officers and Medical Compliance Professionals will have the *option* to certify as a Certified HIPAA Compliance Officer (CHCO) after successful completion of the HIPAA Privacy & Security Training Program. The online exam can be taken from the comfort of your home or office and is only available by appointment with a professional AIHC proctor. Visit the [Certification Exam Cancellation or Rescheduling](#) page for information about AIHC exam policies and rescheduling fees.

**Remember:** The certification exam is *optional*, but the cost of one exam attempt is *included* in your course tuition provided you take the exam within three months of the last day of the training camp.

## Maintaining Your CHCO Credential

Once you are certified, you need to maintain your credential by earning six (6) CEUs annually. View the online [CEU Renewal Chart](#) for a summary of the CEUs required to renew this credential. AIHC also offers free and low-cost CEU programs for our members, please [Contact Us](#) for more information.



## Training Camp Tuition: \$825

AIHC Member Price: \$695



Check us out on social media for special discounts and deals!

## How to Register for this Training Camp

### Register Online

**Non-Members:** Register online using the [Course Registration and New AIHC Membership Form](#).

**AIHC Members:** Register through the [AIHC Member Store](#).

**Register Multiple People:** If you have two or more people at your organization seeking to enroll in this training camp, visit our website to learn about [Group Registration Discounts](#).

**Register Via Mail or Fax:** Scroll down for a hard copy registration form.

## Registration Deadline: April 10, 2019 at 12:00pm EST

### Training Camp Location

#### Embassy Suites by Hilton Tampa Airport Westshore

555 North Westshore Boulevard

Tampa, Florida, 33609

**Special Event Room Rate:** \$139 per Night (Before Tax)

**Sleeping Room Reservation Deadline for the \$139 Rate:** April 10, 2019

### Guest Room Reservations Must Be Made Directly with the Hotel Venue by Phone

Call the hotel at (813) 875-1555

Inform the hotel that you are attending the **American Institute of Healthcare Compliance Training Camp** to obtain our discounted room rate.

### Complimentary for Guests of the Embassy Suites Tampa Airport Westshore

- Made-to-order breakfast
- Nightly evening reception from 5:30pm-7:30pm serving free cocktails and appetizers
- Shuttle service to scheduled area locations
- Business center
- Fitness room and pool

### Fly into Tampa International Airport

The training camp is located by Tampa International Airport and the hotel offers a complimentary airport shuttle service. Call the hotel at (813) 875-1555 when you land for shuttle pickup.



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## HIPAA Privacy & Security Training Camp April 30-May 1, 2019 in Tampa, Florida

Final Registration Deadline: April 10, 2019 at 12:00pm EST

Hard Copy Registration Form *(Please submit one form per person)*

<b>Enrollment Date:</b>	<b>Tuition (Check the Appropriate Box):</b> <input type="checkbox"/> Full Tuition: \$825.00 <input type="checkbox"/> Coupon Code: _____ <i>if applicable</i>
<b>Name &amp; Credentials:</b>	<b>Are You Already an AIHC Member?</b> <input type="checkbox"/> AIHC Member Tuition: \$695.00 <input type="checkbox"/> Coupon Code: _____ <i>if applicable</i>
<b>Home Address:</b>	<b>I intend to take the online certification exam after completing this program:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer Name &amp; Address:</b>	<b>Highest Level of Education:</b> <input type="checkbox"/> High School <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Masters Degree or Higher <input type="checkbox"/> Diploma Program
<i>(For website administration and registration confirmation)</i> <b>Primary Email Address:</b>  <b>Alternate Email Address:</b>	<b>Work Phone Number:</b>  <b>Alternate or Cell Phone Number:</b>
<b>Credit Card Payment Information:</b>	
  	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover	
Amount Approved on this Credit Card: \$ _____	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<b>Paying by corporate check? Amount Due: \$ _____</b>	
<b>Please Make Checks Payable to: AIHC</b>	
<b>AIHC Mailing Address:</b> 431 West Liberty Street, Medina, Ohio 44256	
<b>AIHC Fax Number:</b> (330) 952-0716	
<b>How did you hear about us?</b>	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Co-Worker <input type="checkbox"/> AIHC Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____	



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## American Institute of Healthcare Compliance, Inc.

### A Membership Application Is Required for Non-Members Enrolling in this Program

(Membership is included in the price of tuition *for new members only*)

#### Job/Position (Title and 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"/> Kinesiotherapist           | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> Chiropractor                 | <input type="checkbox"/> Physician Assistant        | _____  |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Nurse Practitioner/Midwife | _____  |
| <input type="checkbox"/> Physical Therapist           | <input type="checkbox"/> Registered Nurse           | _____  |
| <input type="checkbox"/> Occupational Therapist       | <input type="checkbox"/> Licensed Practical Nurse   | _____  |
| <input type="checkbox"/> Speech-Language Pathologist  | <input type="checkbox"/> Registered Pharmacist      | _____  |

#### OIG Exclusion

Have you ever been notified that you were under investigation for, investigated for, charged with, or convicted of any offense relating to Medicaid or Medicare fraud?

- Yes  
 No

Have you ever been on the OIG exclusion list?

- Yes  
 No

#### 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 to a higher 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 [exclusions.oig.hhs.gov](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 to 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

