



Survival Series 2018

Date: Wednesday, March 28, 2018

Time: 8:30 am—10:30 am

Place: Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Road
Rochester, NY 14618

Maintaining Medical Records Confidentiality

This introductory level program will provide you with valuable information regarding patient confidentiality and the disclosure and documentation requirements you face every day to prevent breaches that may result in civil liabilities, charges of unprofessional conduct or criminal penalties. Learn the answers to these important questions:

- Who has ownership and control of patient records when a physician retires?
- When can you share information over the telephone?
- Do patient confidentiality rights continue after death?
- Does a parent's custodial status affect that parent's right to medical records?
- What are the rights of minors?
- Can you release health records that are subpoenaed?



Presenter:

ANNA E. LYNCH, ESQ.
Underberg & Kessler, LLP

Anna Lynch, managing partner of Underberg & Kessler LLP, is an experienced health care attorney who represents hospitals, physicians and other providers on issues ranging from risk management and patient care, to contracting and corporate formation.

Program Registration Fees

MCMS & 7th District Member: \$30 per office (unlimited staff)

Non-member: \$60 per office (unlimited staff)

For more information:

Ronaele King, MCMS Program Coordinator,
(585) 473-7573 or rking@mcms.org

Maintaining Medical Records Confidentiality — March 28, 2018

Online registration is available at www.mcms.org

Name(s): _____

Practice Name: _____

Phone Number: _____ E-mail: _____

MCMS may photograph this event for marketing purposes. Unless this permission is revoked in writing to MCMS, by virtue of their attendance, all program participants agree to the use of the event photo in MCMS marketing.

Registration Fees: MCMS and 7th District Member: \$30 per office Non-member: \$60 per office

***Note to Nonmembers:** If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.

Payment of \$_____ is enclosed. (Check payable to "MCMS") Please e-mail a receipt.

Please bill my credit card in the amount of \$_____

Cardholder Name: _____

Card Number: _____ Exp. Date: _____ Verification Code: _____

Address associated with card: _____ Zip: _____

Signature: _____

Send completed form and payment to:

Monroe County Medical Society, 132 Allens Creek Rd., Rochester, NY 14618

Fax: (585) 473-7641 Email: rking@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Ronaele King at rking@mcms.org with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact Ronaele King at rking@mcms.org or at 585-473-7573.