

Monroe County Medical Society



Keeping Up With HIPAA

Survival Series 2018

Date: Thursday, September 20, 2018

Time: 8:30 am—10:30 am

Place: Participate in the webinar from your own desktop or at Monroe County Medical Society. Once your registration is received, instructions for joining the webinar will be emailed to you.

Even though HIPAA has become a common term among health care providers, there continues to be confusion and hurdles faced by physician practices in fulfilling their privacy and security obligations so as to prevent monetary penalties and private legal action. This presentation will provide practical guidance and insight about the following:

- Federal and State privacy rules
- Negotiation of Business Associate Agreements
- Preventing and responding to potential security breaches
- Security requirements, including risk analyses, portable devices and encryption
- OCR and Attorney General enforcement actions

Presenter:

STACEY L. GULICK, ESQ.



A Partner at Garfunkel Wild, PC, Stacey joined the firm in 2001 and is the Co-Chair of the firm's HIPAA Compliance Practice Group and a member of the Health Care, Health Care Information and Technology and Compliance and White Collar Crime Defense Practice Groups.

Her practice includes representation of healthcare providers and their business associates in implementation of HIPAA compliance programs, OCR investigations, HIPAA Breach responses, and various cyber security and interoperability issues. Ms. Gulick frequently speaks and publishes on HIPAA-related issues, cyber security, risk management and medical staff bylaws. She received her BA, Masters in Business Administration and Masters in Health Administration in 1991 from the University of Pittsburgh and her JD from the St. John's University School of Law in 2001.

Program Registration Fees

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

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

Contact Us: For more information, call (585) 473-7573.

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Online registration is available at www.mcms.org

PLEASE CHOOSE ONE: Will participate at MCMS Will participate from desktop

Name(s): _____

Practice Name: _____

Phone Number: _____ E-mail: _____

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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

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