

2021 Survival Series programs are sponsored by



## Survival Series 2021

Date: Tuesday, March 9, 2021

Time: 8:30 am—10:30 am

Place: MCMS at 200 Canal View Blvd., Suite 202, Rochester, NY 14623

## 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 LYNCH, ESQ.**  
*Underberg & Kessler, LLP*

Anna Lynch, Managing Partner of Underberg & Kessler LLP, is an experienced health care attorney who represents hospitals and physicians on risk management and patient care, professional discipline, state and federal regulatory compliance, insurer billing audits and disputes, and contractual matters.

Program Registration Fees  
MCMS & 7th District Member:  
\$35 per office (unlimited staff) or \$50 per office non-member  
For more information:  
Call (585) 473-7573 or nkeller@mcms.org

**Maintaining Medical Records Confidentiality**  
**Tuesday, March 9, 2021**  
**Online registration is available at [www.mcms.org](http://www.mcms.org)**

Name(s): \_\_\_\_\_  
Practice Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Payment of \$ \_\_\_\_\_ is enclosed. (Check payable to "MCMS")  Please e-mail a receipt.  Please bill my credit card \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_ Address associated with card: \_\_\_\_\_  
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Send completed form and payment to:  
Monroe County Medical Society, 200 Canal View Blvd., Suite 202, Rochester, NY 14623 Fax: (585) 473-7641

Email: nkeller@mcms.org

**MCMS Cancellation Policy:** Cancellation requests must be sent via e-mail to Nedra Keller at nkeller@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 nkeller@mcms.org or at 585-473-7573.