### 2017 Survival Series programs are sponsored by





# Is Your Practice **HIPAA Compliant?**

# **Survival Series 2017**

Date: Thursday, November 2, 2017

Time: 8:30 am—10:30 am

**Place:** Participate in the webinar from your

own desktop or at Monroe County Medical Society. Instructions for joining the webinar will be emailed prior to the

day of the program.

Understanding the privacy concerns and obligations under the HIPAA/HITECH privacy rules and regulations is important for every medical practice. This program will provide guidance for complying with these regulations and will include:

- a history and overview of HIPAA-HITECH:
- the obligations of Business Associates;
- a description of the Breach Notification and corresponding enforcement process; and
- recent updates and trends, as well as relevant "real world" examples and scenarios that healthcare professionals regularly encounter.

#### **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.

Presenter: DAVID VOZZA, ESQ. David is a member of the firm. Norris McLaughlin & Marcus, P.A. He devotes his



practice to the defense of healthcare professionals in connection with disciplinary and regulatory actions before state and federal agencies, commercial and government audits, civil and criminal fraud investigations and hospital privileges disputes.

## Is Your Practice HIPAA Compliant? — 11-02-17 PLEASE CHOOSE ONE: Will participate at MCMS Will participate from desktop Name(s): Practice Name: E-mail: Phone Number: 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 (check one) for the amount of \$\_\_\_\_\_ Cardholder Name: \_\_\_\_\_ Exp. Date:\_\_\_\_\_ Verification Code: \_\_\_\_\_ Card Number #: Address associated with card: \_\_\_\_\_ Zip: \_\_\_\_\_ Signature: