

2020 Survival Series programs are sponsored by



Survival Series 2020

Date: Wednesday, July 22, 2020

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 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 mlepre@mcms.org

Maintaining Medical Records Confidentiality, July 22, 2020

Online registration is available at www.mcms.org

Name(s): _____
Practice Name: _____
Phone Number: _____ E-mail: _____

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Registration Fees: MCMS and 7th District Member: \$35 per office Non-member: \$50 per office

*Note to Non-members: 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 \$ _____

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: mlepre@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Melinda McGinnis- LePree at mlepre@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 mlepre@mcms.org or at 585-473-7573.