

2022 Survival Series programs are sponsored by:



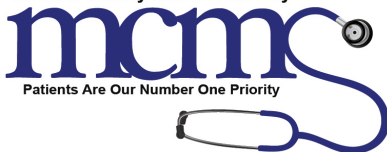
Beyond Green Solutions, LLC

Uniting Collections, Empathy, & Technology

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ROCHESTER RHIO

Monroe County Medical Society



Medical Records Confidentiality & HIPAA Compliance

Survival Series 2022

Date: Tuesday May 17th 2022

Time: 8:30 am—10:30 am

Place: Zoom (link sent prior to event)

2 CEU Credits Provided

This 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 PHI
- Do patient confidentiality rights continue after death
- Does a parents 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.

Partner at *Underberg & Kessler LLP*



As a member of the Health Care and Corporate & Business Practice Groups, Anna represents hospitals, long-term care providers, physicians and other providers throughout the Upstate New York region. She gives advice and counsel on risk management and patient care, professional discipline, and state and federal regulatory compliance, and contractual matters. Her ultimate goal is to create success for each client so that they can provide their services more effectively and with a minimum of risk.

Program Registration Fees

MCMS & 7th District Members- \$35 per registrant

Non-members- \$50 per registrant

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

ONLINE REGISTRATION IS AVAILABLE AT: www.mcms.org/events

For more information:
Call (585) 473-7573 or kathic@mcms.org

Name(s): _____

Practice Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Payment of \$ _____ is enclosed. (Check payable to "MCMS")

Please call me to bill my credit card \$ _____

Please email a receipt

SEND COMPLETED FORM AND PAYMENT TO:

MCMS 200 Canal View Blvd., Suite 202, Rochester, NY 14623 * Fax (585) 473-7641 * kathic@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to MCMS at kathic@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 request-ed, 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.

MCMS may record or photograph this event for marketing purposes. Unless this permission is revoked in writing to MCMS at kathic@mcms.org , by virtue of their attendance, all program participants agree to the use of the event being recorded and /or photographed for use in MCMS marketing.