Doctors Hospital at Renaissance
Continuing Medical Education Presents:

HIPAA Compliance for the Physician

Distinguished Speaker: Audrey E. Coaxum, CHI, CMC, CMIS, CMOM

Tuition Fee: $40.00
February 27, 2013 • 6:30 PM - 8:30 PM
Edinburg Conference Center at Renaissance
118 Paseo del Prado / Edinburg, TX 78539

Needs Assessment/ Statement of Gap:
With new enforcements and penalties being assigned to HIPAA violators, and Texas Senate Bill 300 having gone in to effect last year. Physicians need to know how to ensure that their offices are compliant.

This course covers all the recent updates that your practice needs to stay compliant.

Learning Objectives: By the end of the course participants will be able to:
» Review privacy policies of the new HITECH Act requirements
» Discuss Texas Senate Bill 300
» Recognize steps for policy development and process for implementation of breach notification procedures
» Describe the HIPAA compliance checklist
» Identify new enforcement and penalties

Target Audience:
Physicians of all specialties and practice settings, as well as other health care professionals involved in direct patient care.

For more information, please contact our CME Coordinator, Anna Badillo at (956) 362-3240 or email her at: a.badillo@dhr-rgv.com.

Designation Statement: Doctors Hospital at Renaissance is accredited by the Texas Medical Association to provide continuing medical education for physicians. Doctors Hospital at Renaissance designates this live activity for a maximum of 2 AMAPRA Category 1 Credits.

Doctors Hospital at Renaissance has designated two (2) credits of education in medical ethics and/or responsibility. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Doctors Hospital at Renaissance proudly meets the federal definition of a "physician-owned hospital" (42 CFR § 489.3). The physicians on our outstanding medical staff are not employees or agents of the hospital, but are independent contractors whose professional relationship is directly with the patient.
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Name (First/Last) ________________________________________________________

Mailing Address ________________________________________________________

City __________________________________________ State _____ Zip ____________

E-Mail Address __________________________________________________________

Daytime Phone Number (_____) ________________________________

Tuition Fee: □ $40

Method of Payment

___ Check**    ___ MasterCard    ___ Visa    ___ AMEX    ___ Discover

Name on Card _________________________________________________________

Credit Card Number __________________________________ Exp. Date _________

Signature _____________________________________________________________

** Please make checks payable to Doctors Hospital at Renaissance CME course.

Please fax registration form to Anna Badillo, CME Coordinator at
(956) 362-3244, or mail to: 1 Paseo del Prado, Edinburg, TX 78539.