

Area L AHEC presents...

MEDICAL IDENTITY THEFT: RED FLAGS RULE



Friday
July 31, 2009

Registration: 8:30 a.m.
Program: 9:00 a.m. – 11:00 a.m.

Wilson Medical Center
Auditorium
1705 Tarboro Street SW
Wilson, North Carolina

Sponsored by:



Area L Area Health Education Center
Rocky Mount, North Carolina

Educational Planning by Area L AHEC

CREDITS



CEUs: For participating in this program in its entirety, Area L AHEC will award 2 contact hours and 0.2 continuing education units.

DANB: Credit has been approved from the Dental Assisting National Board, Inc. 'DANB Approval' indicates that a continuing education course appears to meet certain specifications as described in the DANB re-certification guidelines. DANB does not, however, endorse or recommend any particular continuing education course and is not responsible for the quality of any course content.

AGD: 2.0 hours



The North Carolina Health Education Center is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from October 1, 2008 to September 30, 2012.

CME Credit: The Health Education Foundation/Area L AHEC designates this educational activity for a maximum of **2.0 AMA PRA Category 1 Credit(s)**™. Physicians should claim credit commensurate with the extent of their participation in the activity.

Accreditation Statement: The Health Education Foundation/Area L AHEC is accredited by the North Carolina Medical Society to provide continuing medical education for physicians.

Disclosure: The Health Education Foundation/Area L AHEC adheres to ACCME Essential Areas and Policies regarding industry support of continuing medical education. Commercial support for the program and faculty relationships within the industry will be disclosed at the activity. Speakers will also state when off-label or experimental use of drugs or devices is incorporated in their presentations.

MEDICAL IDENTITY THEFT

- Are you aware of the Fair and Accurate Credit Transactions Act (FACTA) and its impact on your practice?
- Do you know the significance of the HIPAA Security Rule?
- Is your patient information protected from medical identity theft?
- Do you know the penalties for violations of the new regulations?

PROGRAM PURPOSE

Effective August 1, 2009, FACTA regulations require healthcare providers to have a plan to detect, mitigate, and prevent potential identity theft.

This program will guide you through the most effective ways to implement HIPAA and Fair and Accurate Credit Transactions Act (FACTA) policies and procedures in your practice.

PROGRAM OBJECTIVES

- At the conclusion of this program, participants will be able to:
- Identify HIPAA rules and regulations as they relate to what is required versus what can be addressed
 - Discuss ways to reduce the risk of medical identity theft

TARGET AUDIENCE

This program will benefit physicians, dentists, administrators, and managers in healthcare facilities.

AREA L AHEC PROGRAM COORDINATOR

Alice J. Schenall, MPH, CHES, RHED
Assistant Director, Area L AHEC
Human and Public Relations
(Director – Public Health/Dental/Medical Education)

FACULTY

Mr. Stephen A. Burt

Mr. Stephen Burt is President of Healthcare Compliance Resources (HCR), an affiliate of Woods Rogers Consulting. He has been involved in assisting healthcare providers comply with CMS, EPA, TJC, and OSHA regulations since the late 1970s. Mr. Burt continues to be one of the most popular speakers in the southeast on HIPAA, OSHA, and management topics for healthcare providers.

FOR FURTHER INFORMATION, PLEASE CONTACT

Ms. Brenda Boykin
Program Faculty Assistant
(252) 972-6958
brenda.boykin@arealahec.org

PLEASE VISIT AREA L AHEC’S WEB-SITE AT

www.arealahec.org

NOTE: Please bring a jacket or sweater to ensure your comfort. We cannot assure a constant room temperature.

Registration: Payment must be received prior to the program. The registration fee covers registration, materials, credit, and instruction. Pre-registration is strongly encouraged to allow optimal preparation for the program. All registrations should be received in this office no later than **July 24, 2009**. Participants who cancel prior to the registration deadline will receive a refund for the amount they have paid **less 30%**, which must be kept to defray handling costs. There will be **no registration fees returned on cancellations that are made after July 24, 2009**. Substitutes are generally accepted. Unforeseen circumstances may necessitate speaker substitution or program cancellation. If Area L AHEC cancels the program, all registrants will be notified, and refunds will be given as appropriate. **Registration for this program via mail, fax, on-line, or phone acknowledges your responsibility of payment.**

REGISTRATION FORM

Or you may register on-line using your Master Card or VISA at <http://www.aheconnect.com/registration/areal/findevents.asp>.

Medical Identity Theft: Red Flags Rule

Friday, July 31, 2009

Last Name: _____ First Name: _____ MI: _____
 Last 4 digits of SS#: ____ _ Degree(s): _____
 Discipline (Please circle only one Discipline): Public Health Allied Health Aging
 Nursing Mental Health Pharmacy Medicine Dental Other _____
 Specialty/Position: _____ Occupation: _____
 Employer: _____ Department: _____
 Employer Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Work Phone: _____
 Home Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Home Phone: _____
 E-Mail: _____ Prefer mail at: ____ Office or ____ Home
 Type of Credit: CEU () DANB () AGD () CME ()

NOTE: To update our computer records, all of the above is needed.

Registration for this program via mail, fax, on-line, or phone acknowledges your responsibility of payment.

To register, detach this portion and mail to Area L AHEC at the following address:

Attention: Ms. Deborah Hyman	Event Number: 27746
Area L AHEC	Discipline: Interdisciplinary
Post Office Drawer 7368	Registration by July 24, 2009: \$55.00
Rocky Mount, NC 27804-0368	Registration after July 24, 2009: \$65.00
Telephone: (252) 972-6958	
Fax: (252) 972-0419	

Amount Enclosed: \$ _____ Payment By: () Individual () Agency

Signature: _____



NOTE: If you require reasonable accommodations for a disability in order to participate fully in this continuing education activity, please contact Ms. Brenda Boykin by phone (252) 972-6958 or by fax (252) 972-0419, no later than 14 days before the activity.

