

**Lunch & Learn Audio-Conference...
Your Key Staff Can Attend From Your Office!**

“The Next HIPAA Challenge – Security”

Roadmap for Complying with HIPAA’s Security Regulation

Presented by:

Tom Williams, President, Stony Hill Management

Moderated by:

Ellen Caruso, Executive Director, Home Care Association of Colorado

Last Chance:

● **Thursday, October 21**

****11:00 a.m. to 12:30 p.m., Mountain Time****

And you thought you were done with HIPAA...? By April 2005, you will need to comply with the HIPAA Security Rule and implement administrative, physical and technical safeguards to protect electronic information you retain on your clients. This 90-minute awareness building presentation reviews the Security Rule’s requirements within the context of a typical home care agency’s operation. Steps involved in conducting a security risk analysis are explained and measures required to protect client data are identified. Participants will leave this session with an understanding of what they must do by April 2005 to comply with the Security Rule. All participants will receive a copy of presentation slides, security white paper, gap analysis and compliance checklist.

Your instructor for this session is Tom Williams. Tom has conducted HIPAA seminars throughout the U.S. attended by thousands of home care executives, and he is widely regarded as the industry’s leading technology authority. Tom is publisher of *Home Care Automation Report* and executive director of the Home Care Information Technology Council. His company, Stony Hill Management, developed the HIPAA Implementation Program (*GetHIP*) software used by more than 500 organizations to achieve compliance. *GetHIP-Security* is home care’s only automated compliance solution addressing all aspects of the Security Rule. You can find out about *GetHIP* at www.hipaahomecare.com.

You don’t want to miss this very important audio-conference!

This is how it works...

Complete the Registration Form for your agency and return to HCAC. On Monday before the conference, registered locations will be sent an e-mail confirmation with dialing information and a web link to download handout materials and/or resources.

Join the call by dialing the toll-free number and giving the confirmation number. Gather your staff and listen via speaker phone to the presentation,

follow along with the handouts and participate in live, interactive Q&A. Certificates of attendance will be mailed after evaluations are received.

PLEASE NOTE: Registration fees are based on each dial-in connection; multiple call-ins from your agency will be charged. We are unable to accommodate more than one agency per call-in.

REGISTER TODAY! 

Another member benefit brought to you by the Home Care Association of Colorado

7853 East Arapahoe Court #2100 • Centennial, CO 80112-1361 • www.hcaonline.org

A Lunch & Learn Audio-Conference

Presented by the Home Care Association of Colorado and Stony Hill Management

“The Next HIPAA Challenge – Security” Roadmap for Complying with HIPAA’s Security Regulation

Last Date:

Thursday, October 21 (register by October 13)

11 a.m. to 12:30 p.m.
Mountain Time

THREE SIMPLE WAYS TO REGISTER

1. **Register Secure On-line** at: <http://www.hcaonline.org>
2. **Fax** the completed form below to (303) 694-4869
3. **Mail** completed form to HCAC, 7853 E. Arapahoe Court #2100, Centennial, CO 80112-1361

Please register by the session’s deadline to guarantee that you will receive confirmation details and handouts. Confirmations with calling instructions will be sent via email. Please type or print legibly all information below.

Agency Name _____	
Contact Person _____	
Address _____	
City/State/ Zip Code _____	
Phone _____	Fax _____
Email* _____	

Registration Fees

This fee includes one dial-in connection. Additional fees will be charged if there are multiple dial-ins.

Registration Fee per Session:

- HCAC Member Agency – \$149 per call-in
 Non-Member Agency – \$249 per call-in

Check (payable to HCAC) VISA MasterCard

Please bill us. *We understand that we will be billed \$20 for each invoice if not paid within 30 days.*

Cardholder’s name (print) _____

Card Number _____ / _____ / _____ Exp. Date _____

Signature _____

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Auth _____	Q _____	Due \$ _____	Inv/date _____	Confirm Sent _____	