HIPAA and Health IT - What You Need to Know as a Business Associate

Description: As defined by the Health Information Portability and Accountability Act (HIPAA), a Business Associate can be any organization or person working in association with or providing services to a Covered Entity who handles or discloses Protected Health Information (PHI) or Personal Health Records (PHR). With certain exceptions, a person or entity that creates, receives, maintains, or transmits PHI for a function or activity regulated by the HIPAA Privacy Rule for a Covered Entity is a Business Associate.

The HITECH Act, a recent update made to overall HIPAA regulations require Business Associates to comply with HIPAA mandates regarding the handling and use of health information. As a Business Associate you must comply with a wide-range of regulatory obligations, including certain privacy obligations, security standards, and breach notification requirements.

If your business needs to understand what it means to be a Business Associate and know what required safeguards, policies and procedures must be in place or make sure your current compliance program is adequate and can withstand government scrutiny, please join us for this informative and interactive session.

Why should you Attend?: There is a lot of confusion about the role and requirements of being a Business Associate. Organizations must be prepared prior to entering into these contracts for services as a vendor and subcontractor.

Attendees will leave the course clearly understanding of all the requirements that must be in place for the Business Associate - Covered Entity arrangement. After completing this course, a Business Associate will have a clear understanding as to what needs to be place when it comes to all of the HIPAA regulations.

Areas Covered in the Session:

Why was HIPAA created?
Who Must Comply with HIPAA Requirements?
What are the HIPAA Security and Privacy Rules?
What are the Consequences of being a Business Associate
What is a HIPAA Compliance Program?
What is a HIPAA Risk Management Plan?
What is a HIPAA Risk Assessment?
What is the Role of the HIPAA Security Official?
What are HIPAA training requirements?
What is a HIPAA data breach and what happens if it occurs?
What are the penalties and fines for non-compliance and how to avoid them
Case Examples of HIPAA Data Breaches
Creating a Culture of Compliance

Ordering:


Order by Fax - using the form below

Order by Post - print the order form below and send to

Research and Markets,
Guinness Centre,
Taylors Lane,
Dublin 8,
Ireland.
Fax Order Form
To place an order via fax simply print this form, fill in the information below and fax the completed form to 646-607-1907 (from USA) or +353-1-481-1716 (from Rest of World). If you have any questions please visit http://www.researchandmarkets.com/contact/

Order Information
Please verify that the product information is correct and select the format(s) you require.

<table>
<thead>
<tr>
<th>Product Name:</th>
<th>HIPAA and Health IT - What You Need to Know as a Business Associate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web Address:</td>
<td><a href="http://www.researchandmarkets.com/reports/4061793/">http://www.researchandmarkets.com/reports/4061793/</a></td>
</tr>
<tr>
<td>Office Code:</td>
<td>SC</td>
</tr>
</tbody>
</table>

Product Formats
Please select the product formats and quantity you require:

<table>
<thead>
<tr>
<th>Online Access (Recorded) - Single User:</th>
<th>USD 179</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Access (Recorded) - Entreprisewide:</td>
<td>USD 379</td>
</tr>
</tbody>
</table>

* The price quoted above is only valid for 30 days. Please submit your order within that time frame to avail of this price as all prices are subject to change.

Contact Information
Please enter all the information below in BLOCK CAPITALS

Title: [ ] Mr [ ] Mrs [ ] Dr [ ] Miss [ ] Ms [ ] Prof

First Name: __________________________ Last Name: _______________________

Email Address: * __________________________

Job Title: __________________________

Organisation: __________________________

Address: __________________________

City: __________________________

Postal / Zip Code: __________________________

Country: __________________________

Phone Number: __________________________

Fax Number: __________________________

* Please refrain from using free email accounts when ordering (e.g. Yahoo, Hotmail, AOL)
Payment Information

Please indicate the payment method you would like to use by selecting the appropriate box.

☐ Pay by credit card: You will receive an email with a link to a secure webpage to enter your credit card details.

☐ Pay by check: Please post the check, accompanied by this form, to:
Research and Markets,
Guinness Center,
Taylors Lane,
Dublin 8,
Ireland.

☐ Pay by wire transfer: Please transfer funds to:
Account number 833 130 83
Sort code 98-53-30
Swift code ULSBIE2D
IBAN number IE78ULSB98533083313083
Bank Address Ulster Bank,
27-35 Main Street,
Blackrock,
Co. Dublin,
Ireland.

If you have a Marketing Code please enter it below:

Marketing Code: 

Please note that by ordering from Research and Markets you are agreeing to our Terms and Conditions at http://www.researchandmarkets.com/info/terms.asp

Please fax this form to:
(646) 607-1907 or (646) 964-6609 - From USA
+353-1-481-1716 or +353-1-653-1571 - From Rest of World