

The Aide's Role in HIPAA



February 9, 2012

3:00pm – 4:00pm

Teleconference

Presenter

Michelle Davis White, MSN,

RN: Michelle has worked in Home Care for many years. She has implemented various In Home Aide programs, offered direct aide supervision and also is an instructor for ACC for the Home health Aide Program and serves on their CNA Advisory Committee.

Program Description: This workshop will focus on assisting your In-Home Aides in understanding HIPAA and confidentiality guidelines. This workshop will also offer practical tips to ensure that the para-professional adheres to the required privacy standards.

Convenience: Enjoy the convenience and cost-efficiency of a telephone workshop. There is no travel time involved and no limit to the number of attendees from your agency who may participate at your site through one phone line. All you need to participate is a speaker telephone and a room large enough for your staff. You will be given a toll free number and a verbal password prior to the teleconference.

Registration: The registration deadline is **February 3, 2012**. Due to the expense of using the teleconference technology, registrations may not be shared between agencies – the agency's registration covers the access of only one phone line into the teleconference. The handouts will be emailed to the email address you provide.



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REGISTRATION FORM (Deadline February 3)

Once complete please fax to: (518) 426-8788

Upon receipt of completed registration form you will receive a confirmation email.

Agency Name: _____

Agency Address: _____

Contact Name: _____

Contact Title: _____

Phone: _____ Fax: _____

Email: _____
(Required)

REGISTRATION FEE

HCA Member \$135 per line \$ _____

Non-Member \$199 per line \$ _____

PAYMENT Check method of payment (If paying by check, check must be received 2 days prior to program date).

_____ Check* _____ MasterCard _____ VISA _____ American Express

*Make checks payable to: **HCA Education and Research.**
Mail to: 194 Washington Ave. Suite 400, Albany, NY 12210

Credit Card #: _____ Exp. Date: _____ Security Code: _____
(3-4 Digit Code)

Name and/or Company Name on Card

Billing Address (including City, State and Zip Code) for Card

Authorized Signature

Cancellation Policy: Fees will be refunded only if written cancellation is received by HCA at info@hcanys.org one week prior to the program. In the event you cancel, HCA will retain, or charge, \$40 of the initial fee per registrant, to cover administrative overhead. **No refunds after handouts are provided.** Please contact info@hcanys.org if you need assistance, or call 518-426-8764.

View www.hca-nys.org often for more learning opportunities.

Fax to (518) 426-8788

