



Hospice & Palliative Care

Federation of Massachusetts

Are You Ready for Federal and State Security Changes Affecting Your Hospice?

An Audio Conference Sponsored by The Hospice & Palliative Care Federation of MA

**Tuesday, March 16, 2010
10:00 a.m. - 11:30**

Hospices face a myriad of new state and federal security regulations, some effective in February, others in March and more in June. Are you ready? Could you be vulnerable for penalties? What if someone loses a laptop with private health information? Have you updated your Business Associate Agreements? Is your business office protecting financial and social security information? Take action and sign up today for this important training session where staff can stay in your office while learning how to comply with the regulations.

Faculty: Joan Usher, President and Founder JLU Health Record Systems, Pembroke, MA

Ms. Usher has more than 20 years experience in health care management consulting, particularly for hospice and home health. She is experienced in the implementation of HIPAA and other federal and state security regulations that affect hospice programs including electronic medical records. She has been a board member of the Federation since 2008.

Target Audience: Hospice Executives, QAPI Staff, Compliance Officers, IT Staff

Content:

- Review American Recovery & Investment Law (also known as the HITECH Act)
- Learn about changes to HIPAA including penalties, Business Associate Agreement
- Federal Breach Notification
- Massachusetts State Law: Data Security Regulations, Identify Theft Notification
- Red Flag Rules: Federal Medical Identify Theft

Registration fee per hospice program: \$75.

Dial-in number and presentation will be sent in advance only to the key contact person listed on the Registration Form who is responsible for forwarding information to other staff.

For more information: Call Rigney Cunningham at 781-255-1848.

HOSPICE & PALLIATIVE CARE FEDERATION OF MA
REGISTRATION FORM

**ARE YOU READY FOR FEDERAL AND STATE SECURITY CHANGES
AFFECTING YOUR HOSPICE?**

Please complete this form and mail with check for \$75 by March 10, 2010

Hospice & Palliative Care Federation of MA
1420 Providence Highway, Suite 277
Norwood, MA 02062

Hospice

Program: _____

Name of Key

Contact: _____ *Title* _____ *E-Mail* _____

List all other staff participating in AUDIO CONFERENCE:

Name(s) _____ *Title(s)* _____