

HIPAA PRIVACY & SECURITY

HIPAA Compliance Officer Online



An eLearn Training Program for Healthcare Professionals

Work online at your own pace with no scheduled classes to attend

Sponsored by



American Institute of Healthcare Compliance, Inc.

431 W. Liberty Street Medina, Ohio 44256

Toll Free: 866-571-5635 / Cleveland/Akron Area: 330-241-5635

Fax: 330-952-0716 / [Contact Us](#)

Visit our web site at www.aihc-assn.org

**An Internationally Recognized Compliance Training & Certification Leader in Health Care
501(c)(3)Non-Profit Organization**

Who should take this course?

This course is designed to train providers and health care professionals such as: Physicians, HIM Professionals, Compliance Professionals, HIPAA Privacy Officers, Practice Administrators, Educators, Medical Billing Professionals, Payers, and Hospital Administration – those responsible for HITECH, privacy and security in a health care facility!

What is eLearn training?

eLearn Training courses are online instructor assisted programs. There are no scheduled classes to attend. You may work at your own pace and will have the ability to login to your information 24 hours per day. Your instructor will be available to communicate by phone and e-mail to assist you throughout your training program. Instructors provide online access, technical support and course instruction as needed to help in your educational efforts.

What will I learn from this course?

- Introduction to HIPAA & HITECH
- Importance of HIPAA
- Business Associates & Business Associate Agreements (BAA)
- Notice of Privacy Practices & Understanding Protected Health Information (PHI)
- Privacy & Breach
- EDI, Transactions, Code Sets
- HIPAA Privacy Rule under GINA
- Electronic Health Records: Meaningful Use
- HIPAA Policy Considerations
- HIPAA Security & Mitigating Risk
- HIPAA Security Rule & Understanding the Concepts of Risk Analysis and Risk Management
- Administrative Safeguards under HIPAA
- Physical Safeguards
- Technical Safeguards

Can I earn Continuing Education Units (CEUs)?

Yes! **EARN 16 CONTINUING EDUCATION UNITS**



16 CEUs: This program has been approved for 16 continuing education units (CEUs) by the American Institute of Healthcare Compliance for AIHC Certified Professionals.



16 CEUs: This program has been approved for 16 continuing education units(s) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor. A breakdown of the core content hours approved:

- Privacy & Security: 16 Hours

What is included in this course?

- ✚ Start training after registration is processed. Course must be completed in 6 months to avoid extension fees and/or penalties
- ✚ Online Course Manager assigned to each professional enrolling in the program to provide professional guidance, technical web site support and assist in the learning experience.
- ✚ Training Materials and Online Course Page provided.
- ✚ Homework and online quizzes are accessed through your Online Course Page.
- ✚ Downloadable information can be used for future reference.
- ✚ AIHC Membership for one year (*for non-members only*)

Experienced HIPAA Privacy Officers and Medical Compliance Professionals will have the **option** to Certify as a Certified HIPAA Compliance Officer (CHCO) after successful completion of the HIPAA Privacy & Security Training Program. The online exam can be taken from the comfort of your home or office by appointment only and scheduled with a professional AIHC proctor. The certification exam is **OPTIONAL**, but the cost is **INCLUDED** in your course tuition. [Click Here](#) for more information regarding the CHCO Exam.

How do I maintain my CHCO Credential?

Once you are certified, you need to maintain your credentials by earning six (6) continuing education units annually as described below.

[Click Here](#) to access the online CEU renewal chart.

AIHC OFFERS FREE AND LOW COST (\$35) CEU PROGRAMS TO OUR MEMBERS

Are there specific computer requirements needed for this course?

Computer
Requirements



Yes! You will need High-speed Internet access, Email, Microsoft Word, Excel & Adobe Reader

What is the cost?

Tuition: \$1,250.00

*AIHC Members pay only **\$825** with Coupon Code located in the AIHC Member Store!*

Non-Member: [Click Here](#) to register online

AIHC Member: [Click Here](#), locate Course in the **AIHC Members Store**



Copy the Member Coupon Code & click “**Register Now**”

Login; Registration form auto-populates – enter coupon code at checkout


OR scroll down for hard copy registration form

Do you offer multiple student discounts?

Yes! Please [Contact Us](#) for more information!


Do You Have Payment Options Available?

Yes! We offer in-house payment plans – please [Contact Us](#) for more information **OR** we offer the option to use PayPal Credit when paying online through PayPal.



No Payments + No Interest if paid in full in 6 months on purchases of \$99+
Check out with PayPal and choose PayPal Credit

Subject to credit approval. See terms. US customers only.



[Scholarship Assistance](#) is available to our *current* members employed with a company that does not offer tuition reimbursement

Do you have a Refund Policy?

Yes! [Click here](#) to view our Refund and Transfer Policy.



HIPAA Privacy & Security Training Program

ENROLLMENT FORM

Office Use Only
Date Received: _____
Instructor: _____
Web site Access: _____
Payment Plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Date: _____ Print Name & Credentials: (one form per person) Employer Name & Address: Home Address:	<p style="text-align: center;"><u>TUITION (CHECK APPROPRIATE BOX)</u></p> HIPAA Privacy & Security Training Program: <input type="checkbox"/> Tuition: \$1,250.00 <input type="checkbox"/> Optional Certification Exam <input type="checkbox"/> Coupon Code: _____ (if applicable) AIHC Member? Use Coupon Code and Register for Less! <input type="checkbox"/> Tuition: _____ (login for pricing) <input type="checkbox"/> Optional Certification Exam <input type="checkbox"/> Coupon Code: _____ <input type="checkbox"/> Member ID#: _____	
Print Position & Check Highest Level of Education:		
<input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma Program <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters or Higher		
Clearly Print Your Email Address(es) (For website administration & confirmation of registration) Primary: Alternate:	Work Phone (Ext.):	Alternate phone / Cell:
Charge My Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Fax to: 330-952-0716		
Card #: _____ Sec Code _____ Exp. Date _____ Billing address for credit card: _____ Name as it appears on the card: _____ Authorized Signature & Date: _____		
Paying by Corporate Check? Amount Due: _____ Please make checks payable to: AIHC Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256 PHONE: 330-241-5635 / FAX: 330-952-0716 Please visit our website at www.aihc-assn.org for more information about our company. Inquiries should be made to Contact Us		
How did you hear about us? <input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIMA web site <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____		

American Institute of Healthcare Compliance, Inc.

Membership Application/Required for non-members enrolling in this program (Membership is included in price of tuition for NEW MEMBERS ONLY)

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other: (specify) |
| <input type="checkbox"/> Kinesiotherapist | _____ |

OIG exclusion - Have you ever been

- 1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?
- 2) Have you ever been on the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals.

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at <http://exclusions.oig.hhs.gov/>)

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature

Date