

# **RISK ANALYSIS**

## **A TRAINING PROGRAM FOR HIPAA & MEANINGFUL USE (MU) COMPLIANCE**



**2 MONTH ONLINE TRAINING PROGRAM WORTH 2 CEUs**

**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 / Email us at [Contact Us](#)**

**Visit our web site at [www.aihc-assn.org](http://www.aihc-assn.org)**

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

## Who should take the Risk Analysis training program?

The Risk Analysis Training Program is designed to train healthcare professionals how to develop and customize a Security Risk Analysis and implement safeguards to mitigate or lower the risks specific to their organization.

## 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 my investment?

**Tuition: \$125.00**

*AIHC Members pay only \$35 with Coupon Code located in the AIHC Member Store!*

**Non-Member:** [Click Here](#) to register online for this Course and AIHC Membership

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



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

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

**OR** scroll down for hard copy registration form

## What does the Risk Analysis training program include?

- ✚ Downloadable Electronic Training Manual
- ✚ Access to online course page for two (2) months
- ✚ Lessons are formatted to download to your computer
- ✚ Online quiz for each module
- ✚ Risk / Security Audit Tools
- ✚ AIHC Membership for one year (for non-members only)

# What will I learn from this program?

## Introduction to Security Risk Analysis

### How to Get Started on Security

- Security Considerations
- Steps to Security Risk Analysis

### Step 1: Lead Your Culture, Select Your Team, and Learn

- Designate a Security Officer(s)
- Discuss HIPAA Security Requirements with Your EHR Developer
- Consider Using a Qualified Professional to Assist with Your Security Risk Analysis
- Use Tools to Preview Your Security Risk Analysis
- Refresh Your Knowledge Base of the HIPAA Rules
- Promote a Culture of Protecting Patient Privacy and Securing Patient Information

### Step 2: Document Your Process, Findings, and Actions

- Examples of contents of records to retain
- HIPAA Privacy, Security, and Breach Notification Audit Program Link

### Step 3: Perform Security Risk Analysis - Review Existing Security of ePHI

- Tips for a Better Security Risk Analysis
- Links to OCR Guidance, SRA tool and NIST toolkit
- Security Risks in Office-Based EHRs vs. Internet-Hosted EHRs

### Step 4: Developing an Action Plan

- Tips to low-cost but highly effective safeguards
- Action Plan Components
- 5 Security Components, Example Vulnerabilities, Security Mitigation
- Process for Developing the Plan

### Step 5: Manage and Mitigate Risks

- Implement Your Action Plan
  - Written Policies and Procedures
- Prevent Breaches by Educating and Training Your Workforce
- Communicate with Patients
  - Fulfill Your Responsibilities for Patients' Health Information Rights
- Updating the BA (Business Associate) Contracts

### Step 6: Attest for Meaningful Use Security-Related Objective

- CMS Webinar Tutorials
- Attestation Resources

### Step 7: Monitor, Audit, and Update Security on an Ongoing Basis

- Leadership Needed to Coordinate Efforts
- More About Stage 2: Meaningful Use Core Measures – Measure 9 of 17

## Do you have a Refund Policy?

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

## Can I earn Continuing Education Units (CEUs) for completing this course?



Continuing  
Education Units



**2.0 CEUs:** This program has been approved for 2 Continuing Education Units (CEUs) by the American Institute of Healthcare Compliance for AIHC Certified Professionals

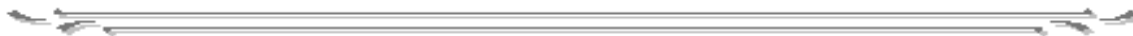
Already hold a Credential with AIHC? [Click Here](#) to view the AIHC CEU renewal chart.

*CHA, CHBS, CHCO, & OHCC professionals can earn CEUs towards your next renewal.*

## Are you an experienced Health Care Professional in need of a more comprehensive course on HIPAA?

View our [HIPAA Privacy & Security Officer eLearn](#) training program offered as an Online (self-study) course with an assigned Qualified Professional Support Manager!

Visit [www.aihc-assn.org](http://www.aihc-assn.org) for more details!





**RISK ANALYSIS**  
**A CEU Training Program**  
**ENROLLMENT FORM**

<b>Enrollment Date:</b> _____	<b><u>Tuition (CHECK APPROPRIATE BOX)</u></b>	
<b>Print Name &amp; Credentials:</b>  	<input type="checkbox"/> Tuition: \$125.00  <b>AIHC Member?</b> <input type="checkbox"/> Tuition: \$35.00 <input type="checkbox"/> Coupon Code: _____ <input type="checkbox"/> AIHC Member ID#: _____	
<b>Employer Name, Position &amp; Check Highest Level of Education:</b>		
<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		
<b>Employer Address:</b> <i>Is Employer paying for this course? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>	<b>Home Address:</b>	
Clearly <b><u>PRINT YOUR EMAIL ADDRESS(ES)</u></b> for website administration & confirmation of registration:  Primary Email:  Alternate Email:	<b>Work Phone:</b>	<b>Alternate Phone / Cell:</b>
<b><u>Charge My Credit Card:</u>   [ ] VISA   [ ] MasterCard   [ ] Discover   Fax to: 330-952-0716</b>		
Card #: _____ Sec Code: _____ Exp. Date: _____		
Billing address for credit card: _____		
Name as it appears on the card: _____		
Authorized Signature & Date: _____		
<b>Paying by Corporate Check? Amount Due: _____</b>  <b>Please make checks payable to: AIHC</b> <b>Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256</b> <b>PHONE: 330-241-5635 / FAX: 330-952-0716</b>  <b>Please visit our website at <a href="http://www.aihc-assn.org">www.aihc-assn.org</a> for more information about our company.</b> <b>Inquiries should be made to <a href="#">ContactUs</a></b>  <b>How did you hear about us?</b> <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 included in price of tuition for first time enrollees)

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 _____                |
| <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) Placed 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 a high 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 for 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