

HIPAA Enforcement Basics

On-Demand

A Continuing Education Training Program

2 CEUs are awarded toward HIPAA renewal requirements for all certified AIHC professionals.



Online, On-Demand Training 24/7

This course is Online, On-Demand with no scheduled classes to attend during your 3-month access to course materials.

Earn Continuing Education Units (CEUs)



2 CEUs: This program has been approved for 2 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These continuing education units may be applied towards the HIPAA Category CEU Renewal Requirements for all AIHC credentials.

What You Will Learn

Federal Trade Commission (FTC) Act and HIPAA

- What You Can Do to Comply with the FTC Act
- Breach Notification Rule - FTC Breach Notification Rule – When Does It Apply?

HIPAA HITECH Breach Notification Rule

- Notification to Individuals - Notification to the Secretary
- Notification by a Business Associate
- Burden of Proof
- Safe Harbor
- Changes to “Unsecured Protected Health Information”
- Instructions for Submitting Notice of Breach to the Secretary
- “Wall of Shame” – Breaches Affecting 500 or More Individuals

HITECH & the HIPAA Final Rule – Provisions Related to Enforcement

- How the OCR Enforces the HIPAA Privacy & Security Rules

Consequences – Imposition of Civil Monetary Penalties

- Modifications to the Definition of “Reasonable Cause”
- Amount of a Civil Monetary Penalty Interim Final Rule
- Factors Considered in Determining the Amount of a Civil Monetary Penalty
- Calculation of the 30-Day Cure Period for Willful Neglect Violations

Computer Requirements and Time Limits

To successfully complete this course, you will need high-speed internet access, email, and [Adobe Reader](#). If you do not have Adobe Reader, use the link provided above to download it for free from the Adobe website.

You will have access to the online AIHC Exams training page for 90 days starting on your enrollment date. Your course enrollment will begin within 2-3 business days of the date that the AIHC Office receives your course tuition payment. You will receive notification from our office when your course enrollment begins. Please check with your employer regarding date requirements for your completion of this training.



The American Institute of Healthcare Compliance, Inc.

www.aihc-assn.org Phone: (330) 241-5635

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Course Tuition Includes:

- Access to the HIPAA Enforcement Basics Training page on the AIHC Exams website is provided for 90 days.
- An online study guide for the Online HIPAA Enforcement Basics Quiz is provided on the training page.
- The Online HIPAA Enforcement Basics Quiz is accessed through the training page.
- A Certificate of Completion is awarded for passing the Online HIPAA Enforcement Basics Quiz with a minimum score of 80%.

Cost of this Training:

Non-Members Pay \$25

Members Pay \$15

How to Register for this Course

Register Online – Return to the Course Page, Enroll and Pay! We accept online registration payment via credit card.



Register Via Mail or Fax: Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

Refund Policy




View the Refund Policy Posted on the Home Page of our Website under Financial Policies www.aihc-assn.org



HARD COPY REGISTRATION FORM

HIPAA Enforcement Basics Course – Online

Please submit one form per person

Name & Credentials:	Enrollment Date:
Home Address:	Employer Name & Address:
Current Job Position:	
(For website administration and registration confirmation) Primary Email Address:	Work Phone Number:
Alternate Email Address:	Alternate or Cell Phone Number:
Credit Card Payment Information:	
 <input type="checkbox"/> MasterCard	 <input type="checkbox"/> VISA
	 <input type="checkbox"/> Discover
Amount Approved on this Credit Card Tuition: <input type="checkbox"/> \$25 Non-Member Price <input type="checkbox"/> \$15 Member Price	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
Please Make Checks Payable to: AIHC	
<input type="checkbox"/> \$25 Non-Member Price <input type="checkbox"/> \$15 Member Price	
AIHC Mailing Address: 5000 Gateway Drive, Suite 202, Medina, Ohio 44256	
AIHC Fax Number: (330) 952-0716	
How did you hear about us?	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Co-Worker <input type="checkbox"/> AIHC Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____	

