

# Release of Information

## *On-Demand*

### **A Continuing Education Training Program**

3 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)**



**3 CEUs:** This program has been approved for 3 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These continuing education units may be applied towards the Core and HIPAA Category CEU Renewal Requirements for the following AIHC credentials: CHCO, OHCC, CHA, CIFHA, CMDP, and CHBS.

### **What You Will Learn**

#### **Considerations When Releasing Information**

- Information Included in the Right of Access: the “Designated Record Set”
- Information Excluded from the Right of Access
- Personal Representatives

#### **Patient Right to Access**

- Providing Access / Denial of Access
- Electronic Access of Individuals to PHI
- Electronic Form and Format
- Third Parties
- HIPAA Authorization and Right of Access Table
- Copying Fees

#### **HIPAA State Versus Federal Versus EU GDPR**

- Court Orders and Subpoenas
- Authorization Versus Consent
- General Data Protection Regulations (GDPR)

### **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.

## Course Tuition Includes:

- Access to the Patient's Rights and Release of Information Training page on the AIHC Exams website is provided for 90 days.
- An online study guide for the Online Patient's Rights and Release of Information Quiz is provided on the training page.
- The Online Patient's Rights and Release of Information Quiz is accessed through the training page.
- A Certificate of Completion to give to your employer is awarded for passing the Online Patient's Rights and Release of Information Quiz with a minimum score of 80%.

## Cost of this Training:

**Non-Members Pay \$45**

**Members Pay \$30**

## 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](http://www.aihc-assn.org)



**HARD COPY REGISTRATION FORM**  
**Release of Information Short Course – Online**

*Please submit one form per person*

<b>Name &amp; Credentials:</b>	<b>Enrollment Date:</b>
<b>Home Address:</b>	<b>Employer Name &amp; Address:</b>
<b>Current Job Position:</b>	
<i>(For website administration and registration confirmation)</i> <b>Primary Email Address:</b>	<b>Work Phone Number:</b>
<b>Alternate Email Address:</b>	<b>Alternate or Cell Phone Number:</b>
<b>Credit Card Payment Information:</b>	
   <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover	
Amount Approved on this Credit Card Tuition: <input type="checkbox"/> \$45 Non-Member Price <input type="checkbox"/> \$30 Member Price	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<b>Please Make Checks Payable to: AIHC</b>  <input type="checkbox"/> \$45 Non-Member Price <input type="checkbox"/> \$30 Member Price  <b>AIHC Mailing Address: 5000 Gateway Drive, Suite 202, Medina, Ohio 44256</b> <b>AIHC Fax Number: (330) 952-0716</b>  <b>How did you hear about us?</b> <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: _____	

