

HPOC CEU Package

For HIPAA Privacy Officers

GOT CEUs?

For AIHC Members Only - Price: \$65

Earn all 6 required CEUs needed for your next renewal! The short courses below are bundled at a special price. All courses are now on *one page* for quick and easy access to complete your Continuing Education Units for your next credential renewal. This package includes:

Release of Information and Right of Access

- This course provides an introduction to the 21st Century Cures Act, Information Blocking, Medical Record Access Requirements, State vs Federal HIPAA Privacy rules, Authorization for release of information, HIPAA Authorization Versus Right of Access, Personal Representatives, and OCR HIPAA Right of Access Initiative – cracking down on non-compliance.

How to Train Your Workforce

- This short course was designed as a blueprint for those charged with presenting any type of compliance presentation to a health care workforce, including C-suite executives and directors. It can be used as the foundation for building or revitalizing presentations with a train-the-trainer approach to effective methods of communicating important information.

How to Register



Register Online – Return to the Enrollment Page and




Pay via Credit Card! 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 at www.aihc-assn.org.

HPOC Annual CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3>Bundled for Only \$65</h3> <ul style="list-style-type: none">✓ Release of Information and Right of Access✓ How to Train Your Workforce
Name & Credentials:	
Home Address:	
Employer Name & Address:	
	Work Phone Number:
	Alternate or Cell Phone Number:
<i>(For website administration and registration confirmation)</i>	
Primary Email Address:	
Alternate Email Address:	
Credit Card Payment Information:	 <input type="checkbox"/> MasterCard  <input type="checkbox"/> VISA  <input type="checkbox"/> Discover
Amount Approved on this Credit Card: <input type="checkbox"/> \$65 AIHC Fax Number: (330) 952-0716	
Card Number: _____	
Security Code: _____ Expiration Date: _____	
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<p>Paying by corporate check? Pay \$65</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address: 3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	