

CEU Package – CHCO

Hook, Line & Sinkers

For Certified HIPAA Compliance Officers



For AIHC Members Only - Price: \$65

Earn all 6 required CEUs needed for your next renewal! The information below is designed to satisfy all CEUs needed for you to renew your CHCOSM credential. All information is on [one course page](#) for quick and easy access to complete your Continuing Education Units for your next credential renewal.

This package includes:

- **Introduction to Mitigating the Risk of Cy-X (Cyber Extortion)**
 - Don't Be the Bait for Cyber Criminals
 - Is Artificial Intelligence the Answer or the Enemy?
 - CISA – America's Cyber Defense Agency
- **Phishing and Ransomware Attacks**
 - Exactly How is a Phishing Attack Related to a Ransomware Attack?
- **Cyber Extortion**
 - How to Respond to Cyber Extortion
 - Steps to Mitigate or Prevent Cyber Threats
- **Cy-X and HIPAA Breach Rule**
 - Breach Notification Obligations: Under or Over 500?
 - Complying with FTC's Health Breach Notification Rule 16 C.F.R. Part 318

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 & Financial Policies:

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

CHCO Annual CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3>Bundled for Only \$65</h3> <ul style="list-style-type: none">✓ Introduction to Mitigating the Risk of Cy-X (Cyber Extortion)✓ Phishing and Ransomware Attacks✓ Cyber Extortion✓ Cy-X and HIPAA Breach Rule
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: _____	
Paying by corporate check? Pay \$65	
Please Make Check Payable to: AIHC	
AIHC Mailing Address:	
3637 Medina Road – Suite 15, Medina, Ohio 44256	