

CEU Package

Gotcha! Hook, Line & Sinkers

For Certified HIPAA Compliance Officers

GOT CEUs?

For AIHC Members Only - Price: \$70

Earn 8 CEUs for your next renewal! The information below is designed to satisfy all CEUs needed for our members to renew your CHCOSM, HPOCSM, and OHCCSM credentials. All information is on [one course page](#) for quick and easy access to complete your Continuing Education Units for your next credential renewal and your CEUs automatically populate into your CEU tracker for you.

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
- **Ethics and HIPAA Basics**
 - A short online, on-demand course to learn how to develop a culture demonstrating ethical behavior to help increase confidentiality, privacy and security of patient information. Includes Code of Conduct and key management tools.

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

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HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3>Bundled for Only \$70</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✓ Ethic and HIPAA Basics
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"/> \$70 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 style="text-align: center;">Paying by corporate check? Pay \$70</p> <p style="text-align: center;">Please Make Check Payable to: AIHC</p> <p style="text-align: center;">AIHC Mailing Address: 3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	