

CEU Package - HPOC

For HIPAA Privacy Officers

GOT CEUs?

For AIHC Members Only - Price: \$65

Earn all 6 required CEUs needed for your next renewal! The information below is bundled at a special price. Quick and easy access to complete your Continuing Education Units for your next credential renewal. This package includes:

Complying with the 2024 FTC Health Breach Notification Rule

- What the FTC or “Commission” has to do with a health breach
- FTC Enforcement History
- Updated FTC Health Breach Notification Rule Effective July 29, 2024

HIPAA Final Rule, Reproductive Health Care Privacy

- Key Dates to Remember
- Key Provisions to the Rule
- New Form Required
- Disclosures to Law Enforcement

Privacy and the Minimum Necessary Standard

- For Whose Eyes Only?
- Implement Minimum Necessary Rule Policies & Procedures

HIPAA Compliance Issues & Artificial Intelligence (AI)

- AI in Business Applications in Healthcare
- AI Can Cause Non-Conformities, Errors and Trigger Investigations
- AI and HIPAA Compliance
- Challenge to AI Developers - Making it *Secure-by-Design*
- Who Regulates AI Healthcare applications?

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.

Annual CEU Renewal Package - HPOC

HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3>Bundled for Only \$65</h3> <ul style="list-style-type: none">✓ Complying with the 2024 FTC Health Breach Notification Rule✓ HIPAA Final Rule, Reproductive Health Care Privacy✓ Privacy and the Minimum Necessary Standard✓ HIPAA Compliance Issues & Artificial Intelligence (AI)
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 style="text-align: center;">Paying by corporate check? Pay \$65</p> <p style="text-align: center;">Please Make Check Payable to: AIHC</p> <p style="text-align: center;">AIHC Mailing Address:</p> <p style="text-align: center;">3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	