

**The Home Care Association of Colorado presents a very timely and important
Lunch & Learn Audio-Conference...
*Your Key Staff Can Attend From Your Office!***

“Complying With HIPAA’s Privacy Rule”

Presented by:

Tom Williams, President, Stony Hill Management
and Tim Rowan, Editor, Home Care Automation Report

Moderated by:

Ellen Caruso, Executive Director, Home Care Association of Colorado

Your Choice of Dates:

- **Tuesday, March 18**
- **Thursday, March 27**
- **Wednesday, April 2**

11:00 a.m. to 12:30 p.m., Mountain Standard Time

Only two certainties in life...? They say death and taxes are the only two certainties in life. This year, you can add HIPAA to that list. By April 14th (the day before your taxes are due), your agency will need to comply with HIPAA’s privacy requirements. This audio-conference is designed to help you to bring your agency into compliance by the government’s deadline.

All attendees will receive a copy of presentation slides, compliance checklists and a free HIPAA Implementation Program (HIP) demonstration CD. HIP was developed by Stony Hill Management and Briggs Corporation and is home care’s only automated compliance solution addressing all aspects of the HIPAA Privacy Rule. You can find out about HIP at www.hipaahomecare.com.

You don’t want to miss this very important audio-conference!

You and your staff will:

- Review HIPAA’s privacy requirements
- Identify the Rule’s impact on your agency’s operations
 - Learn how to identify compliance gaps
- Learn how to achieve compliance by April 14th

This is how it works...


You and an unlimited number of employees* can join in by calling an 800 number, entering a confirmation number, then participating via speaker/conference phone. We will have live, interactive Q&A.

Save time and travel costs and include all staff members* who will benefit from this timely topic.

**Please note: We are unable to accommodate more than one home care agency or company per call-in site.*

REGISTER TODAY!

Calling instructions and handouts will be e-mailed to participating agencies in time for the conference. Certificates of attendance will be mailed after evaluations are received.

*See next page for
Registration Instructions* 

Another member benefit brought to you by the **Home Care Association of Colorado**

7853 East Arapahoe Court #2100 • Centennial, CO 80112-1361 • www.hcaonline.org

The Home Care Association of Colorado and Stony Hill Management present

“Complying With HIPAA’s Privacy Rule”

Lunch & Learn Audio-Conference

Check one Date :

Tuesday, March 18 ~ (register by March 10)

Thursday, March 27 ~ (register by March 19)

Wednesday, April 2 ~ (register by March 25)

11:00 a.m. to 12:30 p.m., Mountain Standard Time

Only \$75 Per Site

For HCAC Members

Register by the

FIVE SIMPLE WAYS TO REGISTER --

BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW

Register secure on-line at: <http://www.hcaconline.org>

Fax the form below to (303) 694-4869

Mail this completed form to HCAC, 7853 E. Arapahoe Court #2100, Centennial, CO 80112-1361

Email a message with the information below to hcac@assnoffice.com

Call the HCAC Continuing Education Reservations Line at (303) 694-4728, ext. #53

Please register by the deadline to ensure that you will receive handouts and calling instructions.

Registration Form

Please type or print legibly

Agency Name _____

Contact Person _____

Address _____

City/State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

Email* _____

(*Your confirmation, calling instructions and handouts will be emailed; we must have your email address.)

Number of Your Agency Staff Expected to Attend _____

_____ **HCAC Members** (unlimited participants) – \$75 per call-in

_____ **Non-Member Fee** (unlimited participants) – \$225 per call-in

Please bill us. We understand that we will be billed \$20 for each invoice if not paid within 30 days.

Check is enclosed. **Please charge to this credit card:** VISA MasterCard

Cardholder’s name (print) _____

Card Number _____/_____/_____/_____ Exp. Date _____

Signature _____

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For HCAC Use	Received _____ M / NM PCN _____ Due \$ _____ Inv/date _____
Paid \$ _____	Ck#/CC _____ Auth _____ Q _____ Confirm Sent _____
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