



Course Catalog

Manage privacy & security step-by-step

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COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY ACT (HIPAA) IS THE LAW.

YET, THE HIGHER IDEAL IS UPHOLDING THE CONFIDENTIALITY OF THOSE WHO ENTRUST THEIR CARE TO YOU.

Everyone wants to do that, right?

OUR TRAINING PROGRAM OFFERS

-  A means to comply with federal requirements to train staff and new employees.
-  An action-oriented approach, complete with checklists and benchmarks, to break down the HIPAA compliance process in small pieces. Only by breaking it down does it become manageable!



IF A BREACH HAPPENS AND YOU HAVE A HIPAA COMPLIANCE PROGRAM IN PLACE, POTENTIAL FINES WILL BE LIMITED TO \$25K PER YEAR, PER VIOLATION, VS \$1.7 MILLION!*

Source: [Federal Register](#)

Lack of training and good safety habits can open a backdoor into even the best IT system.

The top two major causes of breach are **impermissible uses of private information** and **poor safety habits**.*

Source: [U.S. Office for Civil Rights](#)

3 STEPS TO TROUBLE





IS HIPAA ABOUT PRIVACY OR SECURITY?

Both! About 40% of the HIPAA regulations cover privacy issues, while about 60% relate to security. That's because tight security protects privacy.

WE RUN ON AN OLD IT SYSTEM - IS THAT OKAY?

Outdated systems pose greater risk of intrusion. Patches should definitely be applied when available. Plans to update an old IT system, to the extent that finances allow, should also be considered.

WHAT CAN WE POST ON SOCIAL MEDIA?

First and foremost, acceptable social media uses should be clearly defined in documented policy and procedures. There is much to beware of -- and above all, signed permissions should be obtained for specified official uses.

CAN I SHARE PHI WITH OTHER HEALTH PROVIDERS?

Yes, you may share private information without authorized permission as long as: The provider is a doctor or clinician who must comply with HIPAA, *and* that provider has a past or present relationship with the individual, *and* the information shared pertains to that relationship, *and* you disclose only the minimum necessary information for treatment.

DO NOT TAKE PHOTOS OR VIDEOS OF INDIVIDUALS SERVED ON PERSONAL DEVICES. THIS VIOLATES HIPAA UNLESS EXPRESSLY AUTHORIZED!*

Source: National Council of Boards of Nursing.



OUR TRAINING PROGRAM EMERGED FROM:

- Consulting on privacy and security issues since the start of active HIPAA enforcement in March 2016.
- Thousands of hours of research into studies and reports from government and leading industry sources.
- Close attention to new information and developing threats reported by the federal government and leading news sources.

DIANE EVANS

Principal

Diane Evans, Publisher of MyHIPAA Guide, writes extensively on HIPAA compliance issues. Guest viewpoints have appeared in *Compliance Today*, the peer-reviewed journal of the Health Care Compliance Association (HCCA), The Compliance & Ethics blog, and McKnight's Long-Term Care News. In addition, Diane has authored and conducted accredited training on HIPAA compliance for state and national associations and for the Cleveland Metropolitan Bar Association.

MICHELLE BERMEA

Risk Analyst

As Lead Risk Analyst for MyHIPAA Guide, Michelle Bermea specializes in evaluating organizational underpinnings required under the Health Insurance Portability and Accountability Act (HIPAA). Michelle received her Juris Doctor from American University Washington College of Law in 2012, with an emphasis in health law. Previously, she worked at the Advisory Board Company, a health care research firm; the U.S. Capitol; and the International Monetary Fund.



OUR STEP-BY-STEP TRAINING APPROACH

- We build competencies, one topic at a time, one step at a time, in narrowly defined facets of HIPAA.
- Our action-oriented instructions consistently receive excellent reviews in post-training surveys.
- Our training breaks down HIPAA compliance into manageable tasks, and includes recommendations on which job roles should be assigned duties.

WHAT OUR STEP-BY-STEP INSTRUCTION INCLUDES

- Required organizational groundwork
- Recommendations on who should be assigned tasks
- Specific management tasks
- Benchmarks for evaluating and measuring success
- Checklists to keep you on track



MORE THAN MEETING FEDERAL REQUIREMENTS, THIS COURSE ARMS EMPLOYEES WITH THE INFORMATION THEY NEED TO BE YOUR FRONT-LINE ENFORCERS OF PRIVACY.

Our On-Demand Staff Training focuses on daily and consistent good habits to protect confidentiality in the course of every-day work.

FOUR SEGMENTS OF TRAINING

- Protected health information: What is it and when it can be disclosed, released, or shared.
- Employee Responsibilities: Covers do's and don'ts for upholding confidentiality in daily practices.
- Safe use of electronic health information: Tips for online safety - such as watching where you click!
- Security in physical locations: Reminders about secure workstations and basic good habits, such as locking a car to prevent access to a laptop. (Yes, it happens!)



EMPLOYEE RESPONSIBILITIES FOR PRIVACY & CYBERSECURITY



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leadership
HR



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

An Employee Responsibilities Policy is a key requirement under the Health Insurance Portability and Accountability Act (HIPAA). Why? Because everyone across an organization must stand guard as protectors of privacy and security. As the Feds emphasize, small measures can prevent big problems. This session covers simple precautions that apply to all staff members, such as appropriate internet usage and activities to avoid.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Requirements of an Employee Responsibilities Policy
- Daily procedures necessary to align with policy
- Best practices to meet policy objectives

FEATURED CONTENT

- MyHIPAA Guide tip sheet to help employees recognize threats
- MyHIPAA Guide tip sheet to help managers prevent cyber threats
- Checklist on employee responsibilities for privacy and security

PROTECTING PRIVACY IS EVERYONE'S JOB! THAT'S WHY HIPAA REQUIRES TRAINING FOR ALL JOB LEVELS.



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BUILDING SECURITY CHECKPOINTS



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
IT Leaders



COURSE DATES

TBA



REGISTRATION

[Link](#)

HIPAA SAYS: ASSESS THE SECURITY OF PRIVATE INFORMATION IN ALL LOCATIONS WHERE IT RESIDES OR MAY BE ACCESSED.

*Source: [The Feds](#)

SUMMARY OF PRESENTATION

Data theft can and does take place within offices and residential settings. This presentation will focus on simple precautions to safeguard private information within physical locations -- both in databases and on paper. Think about that box of records awaiting the shredder. Who might access it? And how? This session will focus on practical solutions to common threats that often go unnoticed.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Requirements of a Building Security Policy
- Risk assessment procedures to identify vulnerabilities
- Best practices to secure physical locations

FEATURED CONTENT

- “Security Standards: Physical Safeguards” PDF from the U.S. Department of Health and Human Services (HHS)
- Checklist on responsibilities for securing facilities



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CONTROLLING ACCESS TO PRIVATE INFORMATION



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Facilities Manager



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

Inappropriate access to private information remains the leading cause of HIPAA violations. Under regulations, access should be limited on a need-to-know basis only. But studies and actual cases point to weak or non-existent access controls as a common scenario. This presentation will focus on how to control and monitor access in all places where private information resides. That includes emails, text messages, electronic devices, portable media, fax machines, laptops (sometimes in remote locations), and in downloads from databases.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Requirements of Security Access Controls & Monitoring Policy
- Process for implementing safety measures
- Best practices to meet policy objectives

FEATURED CONTENT

- “Security Standards: Technical Safeguards” PDF from HHS
- Checklist on access controls and monitoring responsibilities

**ACTIVATE TWO-PART
AUTHENTICATION
AND NEVER, EVER SHARE A
PASSWORD.**



Course Catalog

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STAFF TRAINING & AWARENESS



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
HR



COURSE DATES

TBA



REGISTRATION

Link

SUMMARY OF PRESENTATION

It's simple: In order to be on guard at all times, employees -- and managers in particular -- need to recognize security risks as a matter of second nature. For that to happen, organizations need to build awareness through effective training and education. Training is a key requirement under HIPAA. But it shouldn't be viewed as a check-the-box exercise. This presentation is about equipping people with knowledge and understanding of how breaches happen -- and what to do when they see signs of trouble.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Requirements of a Security Training Policy
- Competencies to prioritize in training
- Benchmarks for meeting policy objectives

FEATURED CONTENT

- 7-page "Primer for Staff Training" by MyHIPAA Guide
- Checklist on meeting training responsibilities

IN ADDITION TO TRAINING, HIPAA REQUIRES SANCTIONS AGAINST THOSE WHO VIOLATE PRIVACY POLICIES & PROCEDURES.

*Source: [The Feds](#)



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ASSESSING & MANAGING SECURITY RISKS



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leadership
IT Managers



COURSE DATES

TBA



REGISTRATION

Link

SUMMARY OF PRESENTATION

Risk assessment is a cornerstone of HIPAA compliance. And while your organization may have a lock-tight electronic records system, you still need to follow the federal mandate for an “enterprise-wide risk assessment.” That means risks must be assessed in all electronic platforms and in all physical locations where private information resides. This presentation will help you identify all the places you need to check for possible security weaknesses.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Requirements of Risk Assessment and Risk Management Policies
- How to prioritize risks
- Best practices for meeting policy objectives

FEATURED CONTENT

- “Security Standards: Administrative Safeguards” PDF from HHS
- Checklist on risk assessment and management responsibilities

**A COMPLETE RISK ASSESSMENT
INCLUDES AN INVENTORY OF ALL
PLACES WHERE PRIVATE
INFORMATION RESIDES.**

*Source: [U.S. Office for Civil Right](#)



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HOLD BUSINESS ASSOCIATES ACCOUNTABLE



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Financial Officer



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

HIPAA requires signed agreements with all Business Associates -- including anyone outside your organization who has potential access to private information in any way, including seeing or hearing. Your job is to hold these Business Associates to the same high standards to which your organization is held for protecting privacy. Business Associate agreements essentially protect your organization from liability if an outside contractor commits a breach in violation of a signed agreement. This presentation will help you identify various types of vendors, such as cleaning crews, with whom you need a signed contract.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Requirements of a Business Associate Policy
- Process for identifying Business Associates
- Best practices for managing Business Associate

FEATURED CONTENT

- “Business Associate Decision Tree” from MyHIPAA Guide
- Checklist on responsibilities for managing Business Associates

A BUSINESS ASSOCIATE AGREEMENT IS YOUR FRIEND! IT'S YOUR OPPORTUNITY TO CLEARLY DEFINE PERMISSIBLE USES FOR 3RD PARTIES.



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PERMISSIBLE USES OF PRIVATE INFORMATION



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leadership



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

This presentation will cover the major areas of permissible disclosures under HIPAA, and when documented authorization is required. This is a fundamental element of HIPAA - and “impermissible use” is the single largest reason cited in privacy complaints filed with the Federal government. This session will address the full gamut of permissible uses of private information, as well as rights of individuals to their own health records. The material will also cover management responsibilities to achieve compliance in this area.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Disclosure requirements under HIPAA
- Limitations on disclosures to Business Associates
- The rights of individuals to access their own health records

FEATURED CONTENT

- “Permitted Uses and Disclosures” PDF from the Feds
- MyHIPAA Guide summary of permissible uses and disclosures



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SOCIAL MEDIA, MARKETING & HIPAA



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Marketing Team



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

Social media is a challenge for organizations that must protect the privacy of individuals. Some aspects of social media relate to marketing - and this session will cover best practices for marketing purposes. Other aspects of social media relate to the potential of staff members to share information via posts in ways that could breach privacy. This session will cover guidelines recommended by the National Council of Boards of Nursing. The guidelines apply well to all staff in any organization.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Appropriate uses of social media
- HIPAA requirements relating to marketing
- Best practices to prevent unauthorized postings

FEATURED CONTENT

- Social Media Guidelines PDF
- MyHIPAA Guide Social Media Cheat Sheet

NEVER, EVER POST INFORMATION ABOUT INDIVIDUALS YOU SERVE ON PERSONAL SOCIAL MEDIA ACCOUNTS.



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LEADING CAUSES OF HIPAA BREACHES



DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leadership



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

Learn the most common causes of HIPAA breaches, and how to reduce high risks to the best of your ability. This course will focus on actual breaches, why they happened, and how they might have been prevented. Some breaches will occur despite the best of security efforts. However, carelessness and neglect remain top causes of cases reported to the federal government.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Likely causes of HIPAA breaches
- How to recognize high risks in your midst
- Best practices for preventing breaches

FEATURED CONTENT

- 5 Ways to be Cyber Secure at Work, PDF from U.S. Department of Homeland Security
- How to Recognize and Prevent Cybercrime, PDF, Homeland Security



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SERIES OVERVIEW

- This six-part program guides risk managers and senior leaders in evaluating whether their organization’s existing HIPAA compliance program meets federal expectations;
- Offers a roadmap for building the organizational framework for a managing risks into the future;
- Includes a risk assessment grid that can be completed through the course -- essentially giving organizations a way to complete a risk assessment that meets federal standards.

ASSESSMENT GRID PREVIEW

Requirement	Now In Place	Estimated Risk	Items For 2021 Annual Work Plan
Code of Conduct <i>defines standards of behavior; compliance reporting responsibilities; includes acknowledgement statement</i>			
Security Policies/Procedures <i>including required elements confidentiality and privacy standards, information technology user standards/requirements, security incident and privacy breach protocol</i>			
Resourcing <i>Evidence that sufficient resources (in terms of staff/budget) have been allocated for security compliance</i>			





DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leadership



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

This program will cover a 2020 U.S. Department of Justice (DOJ) report. You will receive a detailed roadmap for assessing whether your compliance program meets Federal expectations. This course includes checkpoints the Feds expect you to cover when you're searching for the root causes of security weaknesses.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Questions to ask in evaluating your HIPAA program
- Design elements of an effective program
- Indicators of effective security in practice

FEATURED CONTENT

- Checklist & task lists
- Survey to self- evaluate current status

RISK ASSESSMENT MUST COVER ALL PLACES WHERE PRIVATE INFORMATION IS RECEIVED, MAINTAINED, CREATED OR TRANSMITTED.

*Source: [The Feds](#)



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DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Operations Leaders
IT Leaders



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

Security risk assessment is an essential requirement under the Health Insurance Portability and Accountability Act (HIPAA). A risk assessment program begins with security policies and an organizational framework for safe handling of private information on a daily basis. This session will cover the management structure you'll need to carry out a risk assessment plan and ultimately a HIPAA compliance program.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- 4 overarching policy objectives for risk assessment
- Overview of best practices to minimize risk
- A planned approach for meeting policy objectives

FEATURED CONTENT

- Checklist & task list
- Top 10 Myths of Security Risk Analysis, PDF from the Feds
- Survey to self evaluate current status

CHECKPOINT: DO YOU HAVE DOCUMENTED SECURITY POLICIES AND PROCEDURES AND ARE THEY PUT TO PRACTICE?





DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leaders



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

When breaches happen, the Feds commonly cite the absence of a risk assessment deep enough to uncover problems waiting to happen. By looking deep, vulnerabilities come to light -- and so do solutions. True risk assessment starts with planning. This session will focus on key elements of a systematic process for risk assessment.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Establishing oversight responsibilities for risk assessment
- Defining risk management responsibilities for senior job roles
- Best practices for independent and systematic reporting of security risks to leadership and/or boards

FEATURED CONTENT

- “Security Standards: Basics of Risk Analysis and Risk Management” PDF from U.S. Department of Health & Human Services
- Survey to self-evaluate current status

**CHECKPOINT: DOES LEADERSHIP
PLACE A PRIORITY ON
CONFIDENTIALITY?**





DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leadership



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

All major privacy and security requirements under HIPAA must be addressed in policy. Are all your HIPAA policies in place? Let's find out! This presentation will focus on a process for taking inventory of existing policies so you can discover what's missing. And yes, this is a necessary step in risk assessment.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- 5 security policy categories identified by the Feds
- Full list of HIPAA policy requirements
- Benchmarks for evaluating whether daily routines align with security policy objectives

FEATURED CONTENT

- Checklist & task lists
- “Security Standards: Organizational, Policies and Procedures and Documentation Requirements” PDF from the U.S. Department of Health and Human Services (HHS)
- Survey to self-evaluate current status

CHECKPOINT: DO YOU HAVE A SECURITY SANCTIONS POLICY IN PLACE? HIPAA SAYS YOU MUST!

*Source: [The Feds](#)



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DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leaders



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

Policies may set high standards for protecting privacy and security. But do written expectations translate to everyday vigilance? In other words, do you see staff members doing the right things every day to protect confidentiality? You'll find out through a workflow analysis. This presentation will focus on processes for identifying risks due to laxity in daily routines -- and solutions for better habits.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Understanding how breaches happen during daily routines
- Hallmarks of safe vs. risky handling of private information
- Solutions for making privacy protections part of daily routines

FEATURED CONTENT

- Checklist & task lists
- Confidentiality Pledge for Staff by MyHIPAA Guide
- Survey to self-evaluate current status

A WORKFLOW ANALYSIS IS OFTEN A BIG EYE-OPENER -- REVEALING ALL THE PLACES TO IMPROVE SECURITY.

*Source: MyHIPAA Guide field experience!





DURATION

1 hour



PREREQUISITE

None



AUDIENCE

Compliance Officer
Senior Leaders



COURSE DATES

TBA



REGISTRATION

[Link](#)

SUMMARY OF PRESENTATION

Get ready to dig deep. HIPAA says risks must be assessed in all electronic platforms and in all physical locations where private information resides. This presentation will help you identify all the places you need to check for possible security weaknesses.

LEARNING OBJECTIVES & COMPETENCY BUILDING

- Taking inventory of all privacy information in your care
- Assessing current protections in place
- Identifying your urgent weaknesses

FEATURED CONTENT

- Checklist & tasks list
- “Security Standards: Administrative Safeguards” PDF from HHS
- HIPAA Audit Tool



COMING FALL 2021!

THIS SERIES IS THE SEQUEL TO THE SIX-PART RISK ASSESSMENT SERIES

- Guide you through implementation of a comprehensive HIPAA compliance program;
- Help you through management tasks, such as creating job descriptions and benchmarks for compliance accountability;
- Include an annual work plan to help you stay on track, assign tasks and stick to deadlines.

After completing this program, your organization will be set with the tools you need to manage HIPAA compliance into the future -- from holding board members to confidentiality provisions, all the way to an annual work plan (included in the materials) for tracking the progress of your HIPAA compliance program.

SNAPSHOT OF OUR ANNUAL WORK PLAN INCLUDED IN THE COURSE

Plan Area	Program Goal	Actions	Deliverables	Ongoing or Due Date	Assigned to:
Leadership					
Privacy & Security Officials (may be same person)	Regularly promote the role and responsibilities of the Privacy and/or Security Official throughout the Organization.	<ul style="list-style-type: none"> • Include the name, title and contact information in posters, virtual bulletin boards, annual and new employee training, Intranet site and other communication vehicles • Periodically meet with department to provide updates on the Privacy Program and discuss regulatory issues affecting the organization 	Signed Job Description, Privacy Program promotion on website; Security & Privacy Program Posters Distributed <i>Refer to pgs. 10-11 of the MyHIPAA Guide (MyHG) Compliance Manual</i>		
Oversight					
Compliance Officer	Regularly promote the role and responsibilities of the Integrity & Compliance Officer throughout the Organization	<ul style="list-style-type: none"> • Include the name, title and contact information in posters, virtual bulletin boards, annual and new employee training, Intranet site and other communication vehicles • Periodically meet with department leaders or staff to provide updates on the Privacy Program and discuss regulatory issues affecting the organization 	Bi-annual message to staff		
Executive Leadership	Ensure the Organization's leadership is kept fully informed of all significant Integrity and Compliance Program issues and activities	<ul style="list-style-type: none"> • Provide at least quarterly updates on compliance & integrity initiatives during scheduled executive team meetings 	Time on the monthly meeting agenda for update		
Governance / Board	Ensure your Organization's governing body/owners receive periodic reports on the Integrity/ Compliance Program	<ul style="list-style-type: none"> • Meet regularly with leadership/governing body to report on work plan status, program activity, and staff education 	<ul style="list-style-type: none"> • Quarterly meeting • Reports 		
Management Committee	Implement a multi-disciplinary management team group to oversee & support program activities	<ul style="list-style-type: none"> • Hold quarterly management meetings in accordance with the committee charter 	<ul style="list-style-type: none"> • Quarterly meeting • Summary reports delivered via email 		



SUBSCRIPTION PRICING

- TBA



SUBSCRIBER BENEFITS

ADDITIONAL BENEFITS WITH YOUR SUBSCRIPTION

- Security Policies Template
- Breach Response Toolkit
- Business Associate Agreement Templates
- MyHIPAA Guide Compliance Manual
- Two Hours of Consulting, via phone or video



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CONTACT US

FOR MORE INFORMATION



devans@myhipaaguide.com



www.myhipaaguide.com



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