

The Aide’s Role in HIPAA and Confidentiality

A Webinar • Thursday, October 10, 2019 • 2:00—3:00 p.m. CST

Presented by **Michelle White, DNP, RN, CNL**

This workshop will focus on assisting your In-Home Aides in understanding HIPAA and confidentiality guidelines. This workshop will offer practical tips to ensure that the para-professional adheres to the required privacy standards. Also included: the impact of social media such as Facebook, My Space, YouTube and cell phones, text messages, etc.

Use this session to meet your training requirements. All in-services emphasize the role of home care aides in observation and reporting. It is the responsibility of the home care company to determine if this workshop meets the specific requirements of its aides. The Missouri Department of Health & Senior Services affirms that this session meets the requirements found at 484.36[b] of the Medicare Conditions of Participation and for in-home service companies, this session meets the required standard for on-going training of aides.

Registration Form

Recording not available for this webinar.

How the In-Service Works:

- ◆ The conference is scheduled from 2:00 to 3:00 p.m. CST.
- ◆ Register in advance; one fee per connection—**Registration DEADLINE is October 9, 2019.**
- ◆ MAHC will provide a GoToWebinar link that will be e-mailed to you the day before the webinar. You will need to register through this link to attend the webinar. Once registered you will be sent a confirmation which will include a join link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts if available, the sign-in sheet, and evaluation before the webinar.
- ◆ Listen to the presentation.
- ◆ Participate in the question & answer session.

Company _____

Address _____

Phone _____ Fax _____

Name _____ Email _____

Registration Fees **Payable by check or credit card** Check Credit Card

Name as it appears on card: _____

CC#: _____ Visa MC Discover Am. Express

Billing Address: _____ City, State, Zip _____

Exp. Date: _____ CVC(3 or 4 digit code): _____ Signature: _____

For security reasons, if paying by credit card please fax or mail (not e-mail) your registration form)

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Registration Fees: (Note 3% discount if paying by check)

MAHC Members: \$99 Check/\$102 Credit Card per connection

Non-Members: \$198 Check/\$204 Credit Card per connection

Total: \$ _____



Send Registration & Payment to:

Missouri Alliance for Home Care
2420 Hyde Park Rd., Suite A
Jefferson City, MO 65109
(P) 573-634-7772 (F) 573-634-4374
abby@mahcmail.org

Cancellations: Refunds will NOT be issued for cancellations received on or before October 8, 2019 and non-paid registrations will be billed at full price. Cancellations received prior to October 8, 2019 will receive a 90% refund.