



**PMG HIPAA 2009 Compliance Program: *Privacy & Security for HITECH, California State Laws and Identity Theft***

All physician practices *required by law* to have a training and compliance program in place to address the privacy and security of medical records, to safeguard patient financial information, to guard against identity theft and the theft of medical services? The laws in this arena have dramatically evolved since the early 2000's. PMG can help your practice establish a compliance program or help you address compliance issues during a HIPAA Security Audit.

***What it Covers***

PMG is pleased to offer a revised and expanded privacy & security compliance assistance and training program on a subscription basis that covers:

- The 2009 HITECH HIPAA Law Changes
- The 1996 HIPAA Privacy & Security Law
- The 2009 California State Laws Related to Medical Information Privacy
- Identity Theft

**Get Started**

Fill out the bottom of this document and fax it to 465.7881.

To learn more about the PMG HIPAA Compliance Program call 465.7877.

The PMG HIPAA 2009 program expands upon and replaces the PMG HIPAA 2003 Privacy and 2005 Security Programs, which have been delivered to more than 700 healthcare workers in Santa Cruz since 2003.

***Program Details & Cost***

Elements of this new program which have been expanded and updated to include the 3 areas listed above provide you:

- Revised forms and templates
- New consolidated checklist for self assessment
- In-Person Training for 1 Privacy and 1 Security Officer per practice
- In-Person and computer based training for all employees
- Electronic tracking of training dates by PMG (proof of training is required in an audit)

The cost for this program is \$295 per practice for a 24 month period for up to 2 practice locations.

***Timing***

- Privacy Officer and Security Officer Training – In person – July, September and November 2010
- Staff training – In person – July, October 2010
- Staff training – Via computer starting in July 2010 – Web based

Sign here to enroll in this program \_\_\_\_\_

Practice Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_