

HEALTH POLICY AUDIOCONFERENCE

Evaluation Form for Continuing Education Credit

This form must be completed in order to receive continuing education credit.

EMPLOYER AND HEALTH PLAN HIPAA COMPLIANCE STRATEGIES

October 8, 2002, Audioconference

This evaluation must be completed and faxed to the HIPAA Summit Office at 760-771-3183 in order to receive CE credit.

Name _____

License State _____ License/Bar Number (Nurses and Attorneys) _____

Company Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-mail _____

1: PLEASE RATE THE OVERALL QUALITY OF THIS PROGRAM

	Excellent	Very Good	Fair	Poor
1. The presentations were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The illustrative materials were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The audio quality was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The registration process was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2: HOW WELL WAS EACH COURSE OBJECTIVE MET?

	Excellent	Very Good	Fair	Poor
5. To provide an overview of the HIPAA Administrative Simplification Act law and rules regarding transactions and data code sets, privacy and security:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To assess the applicability of the HIPAA Administrative Simplification Act law and rules to employers, including self-insured employers, METs, MEWAs, union trusts etc.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To analyze whether and how employer-related organizations must file the CMS Administrative Simplification Act extension form:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To identify HIPAA covered entities and their business associates in the employer and employee health plan contexts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To suggest HIPAA and ERISA compliance strategies for employers and related entities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. To present practical case studies of employer strategies in HIPAA implementation and compliance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Based on the information presented in the colloquium, will you make any changes to your practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

If so, what changes? _____

12. Did you feel that this presentation was free of bias? Yes No

11. Comments and/or Suggestions for future topics: _____

HEALTH POLICY AUDIOCONFERENCE

Evaluation Form for Continuing Education Credit

Name _____

3: PLEASE RATE EACH SPEAKER

Donna Z. Eden, Esq.	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paul Gilles, CCP, CPA, SPHR	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Greg Meyer, Esq.	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jon Neiditz	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alan S. Goldberg, JD, LLM	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____
