

HIPAA SUMMIT AUDIO CONFERENCE

Evaluation Form for Continuing Education Credit

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

Implications of the HIPAA Privacy NPRM and Strategies in Completing the Compliance Extension Form May 9, 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 prepare to test your own HIPAA transaction capability before the April 2003 extended deadline:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To reduce the amount of testing needed while preserving the integrity of the testing and making sure the testing is complete:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To understand the flexibility in the HIPAA transactions and how it affects your trading partners:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To understand the responsibility of providers, vendors, clearinghouses, and payers concerning the HIPAA EDI compliance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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? _____

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

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

