

HIPAA SUMMIT AUDIO CONFERENCE

Evaluation Form for Continuing Education Credit

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

ANALYSIS OF THE ADDENDUM TO THE HIPAA TRANSACTIONS AND DATA SETS RULE February 27, 2003 Audioconference

This evaluation must be completed and faxed to the HIPAA Summit Office at 760-418-8084 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 Overview of the Transactions and Codes Sets Addendum:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To Set Forth Approaches to Implementation of the Transactions and Codes Sets Addendum:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To Describe Changes in Interpretation of the X12N Implementation Guides and Specifications:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To Articulate Legal Issues in Compliance With and Enforcement of the Transactions and Codes Sets Addendum:	<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11. Comments and/or Suggestions for future topics: _____				

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3: PLEASE RATE EACH SPEAKER

Steve Lazarus, Ph.D.	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"/>

Stanley Nachimson	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"/>

Larry Watkins	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: _____
