

# HIPAA SUMMIT AUDIO CONFERENCE

## Evaluation Form for Continuing Education Credit

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

### A WATERSHED DATE IN TRANSACTIONS TESTING - WHERE SHOULD WE BE AND HOW TO GET THERE April 16, 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 an Overview of HIPAA Transactions Testing :  | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. To Outline Alternative Approaches to HIPAA Transactions Testing :   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. To Assess legal Risks and responsibilities in HIPAA Transactions Testing:   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Based on the information presented in the conference, will you make any changes to your practice?<br>If so, what changes? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |                          |
| 9. Did you feel that this presentation was free of bias?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |                          |
| 10. Comments and/or Suggestions for future topics: _____   |                              |                             |                          |                          |

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Name \_\_\_\_\_

### 3: PLEASE RATE EACH SPEAKER

| <b>Steve Lazarus, Ph.D.</b>    | 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"/> |

| <b>Mark A. Lott</b>            | 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"/> |

| <b>Sunny Singh</b>             | 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"/> |

| <b>Kepa Zubeldia, MD</b>       | 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"/> |

| <b>Alan S. Goldberg, JD, LLM</b> | 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_