DATES, TIME, & LOCATION

Wednesday, April 25, 2012
Friday, June 15, 2012
9:00am – 4:00pm
Silver Spring DoubleTree
8727 Colesville Road
Silver Spring MD 20910
301-589-5200

REGISTRATION & FEE INFORMATION

Register early as space may be limited and pre-registration is required. Please register no later than one week before the class. Phone registrations are not available. Registrants should arrive 15 minutes prior to class and sign in.

CE Course: FREE to NNU members
NNU Membership: $50.00

GENERAL INFORMATION

NNU reserves the right to substitute qualified faculty for those listed. Continental breakfast and lunch will be served. Absolutely no recording or videotaping of courses allowed. Attendees must remain for the full day to receive CE credit. CEHs will be mailed to your home address after the class. Parking provided.

PATIENT ADVOCACY SERIES:

RNs as the Last Line of Defense: Patient Advocacy in a Changing Healthcare Industry

SILVER SPRING, MARYLAND

Wednesday, April 25, 2012
HIPAA – THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
Friday, June 15, 2012
WORKPLACE VIOLENCE PREVENTION
HIPAA – THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
Wednesday, April 25, 2012  |  9:00am – 4:00pm

COURSE DESCRIPTION

This course provides a review of pertinent HIPAA definitions, the legislative history and intent of relevant privacy rules and regulations as they relate to the collection, use, and disclosure of protected, individually identifiable electronic health information. It describes the appropriate safeguards that RNs must follow to protect the privacy of patients’ health information and discusses the rationale and strategies for protecting RN professional practice and credibility with the public. In addition, a selected review of publicly reported HIPAA violations and penalties are included to increase awareness and help RNs avoid the risk of discipline by the employer, their professional licensing board, or the imposition of penalties and fines imposed by civil or criminal courts. (6 CEHs)

COURSE OBJECTIVES

Upon completion of this program, participants will be able to:

1. Describe the intent of HIPAA regulation.
2. List identifying information that is protected under HIPAA.
3. Describe how HIPAA affects provider communications and electronic medical records.
4. Describe how HIPAA impacts patients’ right to privacy and confidentiality.
5. Identify strategies to prevent privacy and data breaches from occurring and reduce risk of personal, professional, and organizational liability.

FACULTY

Hedy Dumpel, RN, JD
National Director of Nursing Practice and Patient Advocacy

WORKPLACE VIOLENCE PREVENTION
Friday, June 15, 2012  |  9:00am – 4:00pm

COURSE DESCRIPTION

This class examines the prevalence of violence against registered nurses, patients and other healthcare employees, what laws and regulations currently exist to prevent violence in healthcare settings, and what your facility should be doing to prevent violent episodes. It further examines the scope of the workplace violence problems, how to recognize impending violence, through behavioral assessment techniques and how registered nurses can be proactive in their practice settings in promoting workplace security, preventing violence and dealing with violent incidents, and their aftermath effectively. (6 CEHs)

COURSE OBJECTIVES

Upon completion of this program, participants will be able to:

1. Concisely outline the health and safety code requirements for each hospital to have a safety and security plan in place to prevent and protect against violence.
2. Understand the “assault cycle” and how to safely intervene in the assault cycle to prevent a violent escalation.
3. Understand the factors that contribute to incidents of violence and how to mitigate those factors.
4. Initiate steps or actions to lessen the potential of violence in their workplace both at the facility level and in the public policy arena.
5. Identify behaviors that undermine a culture of safety.

FACULTY

Hedy Dumpel, RN, JD
National Director of Nursing Practice and Patient Advocacy

REGISTRATION FORM

Please register me for the class indicated below. A completed form is necessary to insure registration. Please print legibly.

Name: __________________________________________
Street: __________________________________________
City: ___________________ Zip: ____________
Day Phone/Voicemail: (_________ ) ____________
Email: __________________________________________
Name of Employer/Facility: ______________________
Job Classification: ________________________________
Social Security #: XXX – XX – ___ ___ ___ ___
RN License #: ___________________________________

For processing CE certificate only.

❏ Wednesday, April 25, 2012  |  Silver Spring, MD
❏ Friday, June 15, 2012  |  Silver Spring, MD

I WANT TO JOIN NNU!

❏ Enclosed is my check in the amount of $50.00
❏ Payment by credit card in the amount of $50.00
Credit Card #: __________________________________________
Expiration Date: ___ ___ / ___ ___ ___ ___
Signature: __________________________________________

❏ VISA  ❏ MASTERCARD  ❏ AMEX

MAIL, FAX, OR ONLINE REGISTRATION:

NNU
Attn: Nursing Practice/CE
8630 Fenton Street, Suite 1100
Silver Spring MD 20910
FAX: 240-235-2019
www.nationalnursesunited.org/ce