



Medical College of Georgia
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The Medical College of Georgia
Division of Continuing Education

HIPAA
Presenter Compliance Form

TO: Presenters of MCG Continuing Education Activities

Title of Activity: _____

Topic: _____

Date: _____

FROM: Division of CE Conference Coordinator

RE: HIPAA Compliance and Training Materials

The Health Insurance Portability and Accountability Act (HIPAA) states that patient records and photos used in teaching must be stripped of all “direct identifiers” such as name, address, social security number, patient ID number, identifiable photographic images, etc or that you have written authorization from the patient to use his/her directly identifiable health information in this way. The Division of CE requires you, as a presenter participating in a continuing education program, to verify by way of your signature below that your presentation materials meet these HIPAA standards. Presentation materials include, but are not limited to, handouts, slides, PowerPoint presentations, videos and reproductions of journal articles.

Please feel free to call me if you have any questions or need additional information. Once signed please return this form to me at the address shown above. Thank you for your participation in the CE program at MCG.

I verify I am in compliance with the HIPAA standards to protect the privacy of the patients discussed in my presentation(s). I either have received written authorization from the patient, have removed any identifiable images or patient records from my presentation, or my presentation does not pertain to patient treatment.

Printed Name: _____

Signature: _____ Date: 1/9/09