



SURVIVAL SERIES

Presented by



Location: Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Road
Rochester, NY 14618

Time: 8:30am - 10:30 am

DOCUMENTATION IN THE MEDICAL PRACTICE

Paul Keneally, Esq., Underberg & Kessler, LLP

Wednesday, February 10, 2010

Join us for this seminar explaining how important documentation, whether in hard or electronic copy, is to a medical practice. Topics covered will include the documents in employee personnel files (including, but not limited to, those related to background checks, drug tests, job descriptions, wage and overtime disclosures, disciplinary notices and performance appraisals), record retention, the necessity of keeping I-9 and employee medical records in separate files. Finally the seminar will include discussion the handling and retention of patient files.

CONFIDENTIALITY & MEDICAL RECORDS

Anna Lynch, Esq., Underberg & Kessler, LLP

Wednesday, March 10, 2010

The extent of privacy given to medical record information is strongly due to where the medical records are kept and how the information within the record is compiled. Join us for a useful discussion including both New York State and Federal laws regarding confidentiality. Ms. Lynch will offer practical advice on how to avoid common pitfalls.

CEU credits are available from Practice Management Institute (PMI)

For more information on our upcoming programs, visit our website at www.mcms.org/contents/calendar.asp

Survival Series Registration Form

Please Check the Seminar(s) You Plan to Attend Documentation Medical Records

Name(s): _____

Practice Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

PER SESSION COST FOR ALL MCMS & 7th DISTRICT MEMBERS: \$20.00 per office (unlimited office staff)

PER SESSION COST FOR NON MEMBERS: \$40.00 per office (unlimited office staff)

Retired MCMS physicians may attend at no charge

_____ Payment of \$ _____ is enclosed. (Checks should be made payable to "MCMS")

_____ Please bill my credit card my (check one) MasterCard Visa

Name (as it appears on card): _____

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Signature: _____

**Please mail completed form: MCMS, The Park at Allens Creek, 132 Allens Creek Rd., Rochester, NY, 14618
or fax to (585) 473-7641 - Attn: Ginny**