



Health Information Technology Update

By: David Sharp & Kathy Francis

This session will review health information technology and provide an update on the activities currently underway in Maryland to provide assistance to dentists in adopting health information technology

Outline of topics:

- Electronic data interchange and Maryland dentists*
- Maryland dentists and dental practice analysis*
- Overview of health information technology*
- Electronic health records/electronic dental records – what they are and what they do*
- Health information exchange update*
- Changes to HIPAA from American Recovery and Reinvestment Act of 2009*
- CMS incentives from Medicaid for dentists*

Objectives:

- 1. Explain the value of health information technology and its relevance to dentists*
- 2. Review health information technology available to dentists*
- 3. Examine the interrelationships of health information technology*
- 4. Review the latest changes to HIPAA resulting from the American Recovery and Reinvestment Act of 2009*
- 5. Present the Medicare and Medicaid incentives available to dentists*

January 21, 2011

RSVP NO LATER than January 14th, 2011

No late registrations accepted

Wal dor f Jay cees Community Cent er
wal dor f, MD

10:00 am --12:00 pm (2 C.E. Credit)

Fee: PDS Member\$45per son
PDS Non-Member ...\$110/per son

*Members and non-members who RSVP and do not attend
will be assessed the cost of the course.*

Fill out the form below and mail in to Dr. Wilhelms office
or register and pay online at our website www.patuxentdental.org

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Print this form and mail in if you choose to attend:



2011 HIPAA
Kathy Francis and David Sharp
Maryland Health Care Commission

Date/Time:

January 21, 2011

10:00 a.m. – 12:00 p.m.

Place:

Waldorf Jaycees Community Center

Registration Fee:

PDS Member \$45.00 (per person)

PDS Non-Member \$110.00 (per person)

Attendee Information: *(please print)*

Dentist: _____ Member: Yes or No

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Address: _____

Telephone: _____

Amount Enclosed: \$ _____

Return Registration *with payment* to:

Patuxent Dental Society
c/o Dr. Eric Wilhelm
807 Charles Street
La Plata, MD 20646

Payment must accompany registration