



Risk Management Approach to Cybersecurity

Webinar T5006

Thursday, January 18, 2018
12:30 p.m. – 1:30 p.m. (CST)

Overview

The presenter will define Enterprise Risk Management (ERM) for cybersecurity and will share the challenges and factors that increase the likelihood of cybersecurity failures. He will discuss the current realities of cybersecurity then look at actionable steps that one can take to improve patient care by delivering more secure services. It is a matter of trust between the provider and the patient. If reasonable steps are not taken to secure patient data how can we expect them to trust our medical advice.

From this program, the audience will be able to better understand the risks and be able to communicate measures being taken to ensure patient safety, as well as build confidence in your organization and the care given by providers.

Target Audience

IT Staff, Executive Leaders, Managers, Risk Management Staff and others interested in learning about the risk management approach to cybersecurity

Objectives

At the completion of this program, participants will be able to:

1. Define ERM for cybersecurity
2. Discuss why we need to rethink how we approach cybersecurity
3. Identify factors that increase the likelihood of failure
4. Explain what can you do to build an achievable ERM
5. Identify where to find the resources to take action today
6. Discuss how ERM for cybersecurity increases patient care

Faculty

Ernest Staats, security consultant for ITSentrix and network and security manager with the Harbin Clinic, has served as a computer security expert for the government, schools, private and religious institutions both nationally and internationally. He wants to change perceptions by giving ordinary people the tools to understand security.

While Ernest has written several IT network and security policies and performed many compliance audits, he also enjoys the technical aspects of networking and security. Previously, he served as director of IT for various organizations and the director of IT security for the city of Chattanooga before moving on to focus on IT security and networking for Georgia's largest multispecialty physician group. In addition, he also maintains the Network Paladin website which has several resources for families and schools to learn how to better secure themselves and others.

Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

Registration

\$175 for AHA Member Hospitals

Registration includes **one** internet connection and **one** telephone connection at **one** location, although there can be an unlimited number of participants from your organization in that **one** listening room.

Two days prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions ([via the e-mail provided on the registration form](#)) or if you are unable to download or open presentation materials, at least two business days prior to the event, please contact Anna Sroczynski at (501) 224-7878 or asroczynski@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Fax cancellation/refund requests to the Education Department at (501) 224-0519.

REGISTRATION FORM

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Registration Fee

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Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person _____

Organization _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Method of Payment

Check in the amount of \$_____ payable to the Arkansas Hospital Association is enclosed.

Credit Card # _____ Visa MasterCard *(AmEx and Discover Not Accepted)*

Cardholder's Billing Address (including zip code) _____

Expiration Date _____ CVV _____ Name on Card _____

Signature _____ Card Holder's Phone # _____

Mail form and payment to

Education Department, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205; phone: (501) 224-7878; or fax form with credit card information to (501) 224-0519.