



Health Care Cybersecurity Transformation for Your Organization: *Looking to the Future*

Webinar NE062817

Wednesday, June 28, 2017
1:30 p.m. – 2:30 p.m. (CDT)

Overview

Many health care organizations have continued to approach cybersecurity as they always have. As a result, many organizations lack personnel and budget to have effective cybersecurity programs. This webinar describes how you can transform your organization's cybersecurity program with a "whole of organization" approach. Guidance for organizations with lower budgets and staffing has specifically added to meet the needs of critical access hospitals. The focus of the presentation is on what organizations can do themselves to mitigate their risk.

Target Audience

CIOs, CISOs, and people in an IT or Security Management role in their organization

Objectives

- Explain how to talk to your board of directors and senior management about prioritizing cybersecurity and allocating sufficient resources
- Describe effective change management processes and policies to transform your organization's cybersecurity program
- Illustrate how to effectively manage risks even in the face of new technologies.

Faculty

Mitchell Parker, CISSP is the executive director of information security and compliance, at IU Health in Indianapolis, Indiana. He is currently working on redeveloping the information security program at IU Health, and regularly works with multiple non-technology stakeholders to improve it. He also speaks regularly at multiple conferences and workshops, including HIMSS, IEEE, TechIgnite and Internet of Medical Things. Mr. Parker has a bachelor's degree in computer science from Bloomsburg University, a MS in information technology leadership from LaSalle University, and an MBA from Temple University.

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 on Next Page)

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) _____

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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.