

**AGENDA
COMPLIANCE AND AUDIT COMMITTEE MEETING
OF THE EL CAMINO HOSPITAL BOARD**

Tuesday, August 9, 2022- 4:00 pm
El Camino Hospital, 2500 Grant Road, Mountain View, CA 94040

PURSUANT TO GOVERNMENT CODE SECTION 54953(e)(1), EI CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION TO THE PUBLIC FOR THIS MEETING.** INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 995 9525 9075#. No participant code. Just press #.

PURPOSE: To advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Jack Po MD, Chair		4:00 – 4:01pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Jack Po MD, Chair		information 4:01 – 4:02
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Jack Po MD, Chair		information 4:02 – 4:05
4. COMPLIANCE COMMITTEE MEMBER RECRUITMENT INTERVIEW SESSION	Jack Po MD, Chair		discussion 4:05 – 4:30
5. ADJOURN TO CLOSED SESSION	Jack Po MD, Chair		motion required 4:31 – 4:32
6. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Jack Po MD, Chair		4:32 – 4:33
7. Gov’t Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Revisions to Compliance and Audit Committee Charter	Jack Po MD, Chair Mary Rotunno, General Counsel		discussion 4:33- 4:55
8. ADJOURN TO OPEN SESSION	Jack Po MD, Chair		motion required 4:55 – 4:57
9. RECONVENE OPEN SESSION/ REPORT OUT	Jack Po MD, Chair		Information 4:57 - 4:58
To report any required disclosures regarding permissible actions taken during Closed Session.			
10. PROPOSED COMMITTEE CHARTER REVISIONS	Jack Po MD, Chair	<i>Public comment</i>	possible motion 4:58 – 4:59
11. ADJOURNMENT	Jack Po MD, Chair	<i>public comment</i>	motion required 5:00pm

Upcoming Meetings: September 28, 2022; November 30, 2022; February 22, 2023; April 26, 2023; June 28, 2023

APPENDIX

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-7362 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING COVER MEMO**

To: Compliance and Audit Committee
From: Jack Po, Ad Hoc Committee Chair
Date: August 9, 2022
Subject: Ad Hoc Search Committee Recommendation for Compliance and Audit Committee Member Recruitment

Recommendation:

To interview the candidate endorsed by the Ad Hoc committee as a qualified finalist to fill the role of a new advisor to the committee. After the interview, if the committee is in favor of appointing the candidate, a motion should be made, and the recommendation will be provided to the Board of Directors in August for approval.

Summary:

1. **Situation:** Per the Board's Charter, the Compliance and Audit Committee shall comprise two (2) or more Hospital Board members. The Committee may also include 2-4 Community Members with knowledge of healthcare compliance, audit, privacy, cybersecurity, or enterprise risk management. For FY 2023, the committee currently has appointed four (4) Hospital Board Members and three (3) Community Members. The Compliance and Audit Committee created an Ad Hoc Search Committee to add a new Community Member that would help achieve those competencies.
2. **Authority:** The Compliance and Audit Committee has the authority to select and recommend a Community Member to the Board of Directors for approval. All Compliance and Audit Committee appointments shall be for a term of one year expiring on June 30, renewable annually.
3. **Background:** Outreach was conducted from various sources to compile a list of potential candidates with relevant experience. Introductory meet and greet phone interviews were conducted with eight (8) individuals, of which applications and resumes were ultimately submitted by five (5) of those eight (8) individuals. The Ad Hoc Search Committee reviewed and interviewed all five (5) candidates. From the pool of candidates, only one candidate was recommended to be interviewed by the entire Committee.
4. **Assessment:** The Ad Hoc Search Committee evaluated all individuals who submitted applications and recommended the individual with extensive healthcare compliance and privacy experience in hospital and clinic settings. The Compliance and Audit Committee will interview the finalist to select a new Community Member that will be presented to the Hospital Board for approval on August 17, 2022.

5. Other Reviews: N/A

6. Outcomes: N/A

List of Attachments:

1. Carole Klove, RN, JD, Candidate Questionnaire and Resume

Suggested Committee Discussion Questions:

1. Does this candidate meet the necessary qualifications and competencies to serve on the Compliance and Audit Committee?
2. Should this candidate be recommended for appointment, or should a further search be conducted?

Candidate Questionnaire

El Camino Hospital Board of Directors || Compliance and Audit Committee Member

Name:	Carole Ann Klove, RN, JD	
Email Address:	[REDACTED]	
City of Residence:	[REDACTED]	
Do you feel you have adequate flexibility in your schedule for this commitment? (6 CAC meetings & 2 Board Education Sessions annually from 530-730p)	Yes	
Are there any civil, employment-related or criminal incidents in your background that we may uncover in a reference or background check? Have you ever been involved in a government investigating for business related issues (e.g. SEC)? (Note: Disclosure of a civil, employment-related, criminal incident(s) or government investigation will not necessarily disqualify you from appointment. The nature and timeframe will be taken into consideration.)	No	
Would this position create a conflict of interest with any of your other commitments?	No	
The El Camino Health Compliance and Audit Committee Member position is a non-compensated (i.e. volunteer) and has one-year renewable terms. Is this acceptable?	Yes	
Please specify how you found out about this position?	Recommendation by Christine Sublett, current committee member	
<p><i>Why are you interested in being considered for Committee Member position as part of the Compliance and Audit Committee at El Camino Health?</i></p> <p>My career has focused on addressing clinical, legal, and regulatory issues, including privacy and security and regulatory compliance and improving outcomes. As a nurse and an attorney, I have represented and supported healthcare providers with regulatory compliance, risk and audit issues serving as a partner with Davis Wright Tremaine (DWT) and as the Chief Compliance and Privacy Officer for both Stanford Hospitals and Clinics/Stanford Children’s Hospital (LPCH) and UCLA Medical Sciences. I have been very involved in the Health Care Compliance Association, and I am very passionate about ensuring that providers have a clear understanding of the regulations to ensure they can accomplish their goals with in the regulations. The laws can be complex and helping the frontline teams understand “the why” helps them to comply with documentation and other regulatory requirements. It is rewarding to give back and my background and experience can support the mission of the Compliance and Audit Committee for El Camino Health and goals of the organization.</p>		
<p><i>Please describe your experience with compliance in the healthcare or pharmaceutical industry. In particular, do you have any experience with OIG rules and regulations, regulatory actions, physician relationships, Medicare/Medicaid, government contracts, STARK issues, and ability to advise regarding fraud, waste and abuse and billing integrity for hospitals or clinics. (A background in ethics is desirable. Experience with Corporate Integrity Agreements (CIA) would be a major plus.)</i></p> <p>As a partner with DWT, I consulted and provided legal advice on regulatory matters, including EMTALA matters, Medicare/Medicaid compliance and reimbursement, Stark - fraud and abuse issues, health care professional and facility licensing and certification and Institutional Review Board (IRB) studies. To that end, I did provide legal advice to clients who were being investigated by the OIG and assisted with negotiating Corporate Integrity Agreements (CIA) or Integrity Agreements (IA) and assist clients with implementation of CIAs and IAs. Over the course of my career, I have presented and authored many presentations on compliance related topics, including Stark issue, fraud and abuse and other regulatory matters for the Health Care Compliance Association and Health Care Lawyers.</p>		

Candidate Questionnaire

El Camino Hospital Board of Directors || Compliance and Audit Committee Member

Please describe your experience with internal audit in the healthcare industry. (Affiliation with Association of Healthcare Internal Auditors (AHIA) or similar internal audit groups would be a plus. SOX experience is not critical as this advisor will be supporting all other types of internal audits and not focused on the annual financial audit.)

As a partner / principal at Deloitte, I worked extensively with colleagues in Internal Audit and other compliance related audits. My involvement supported the preparation and analysis of the audit information and presentation to the Audit and Compliance Committees of the respective clients. My experience with SOX is limited but I have extensive compliance audit experience, include audits relating to reimbursement.

Please describe your experience with privacy in a heavily regulated industry, i.e. banking or healthcare, that includes experience in the electronic exchange of data and the stewardship of data (data governance), or an IT Security background or potentially human resources background, or experience in a banking trust department.

Over the course of my career, as a lawyer, I advised clients on HIPAA and GLB privacy issues and implemented the regulations into practice as the Chief Compliance and Privacy Officer for Stanford Hospital and Clinics and Lucile Packard Children's Hospital and then UCLA Medical Sciences. In both institutions, I had the responsibility for ensuring regulatory compliance, including compliance with the HIPAA Privacy and Security Standards as well as the applicable California laws and regulations. I had the good fortune of working with experienced IT Security Professionals to coordinate with and ensure organizations are prepared and have policies and procures in place to be HIPAA ready.

Please describe your experience with Enterprise Risk Management; in particular, experience instituting a formal ERM process in healthcare or other industries, ideally experience with Boards on the implementation of a Board sponsored ERM program.

Enterprise Risk Management processes is critical for evaluating and managing risk of an organization. No industry or organization is without risk; however, managing risks and prioritizing risks is critical. I have used extensive scoring and heat maps to identify risks and used them to score risks for rank the risks as part of a multi-year audit plan. The reason this process is critical is that it gives a plan and roadmap for organizational planning and budgeting to ensure the board and organization are aware of compliance risks.

Do you have experience serving on committees and boards in the Compliance or Audit advisory capacity?

I have experience in sitting on and running Compliance Committees in my role as Chief Compliance and Privacy Officer. In addition, I have served in an advisory role for specific clients as a lawyer and understand privilege and confidential standards.

Candidate Questionnaire

El Camino Hospital Board of Directors || Compliance and Audit Committee Member

Are there any other aspects of the position description that you have experience with that are not specifically called out above? If so, please describe that experience.

It is important for a Compliance Committee to consider the OIG workplan and enforcement trends as part of the Risk Assessment. Education of the workforce is also key to ensure that they understand the “why” of what is required and being asked of their, whether it be documentation of processes and how important their actions are to support organizational goals and reputation.

Carole A. Klove, RN, JD



SUMMARY

My career has focused on addressing clinical, legal and regulatory issues, including privacy and security and regulatory compliance and improving outcomes. Beginning with my education and employment as a registered nurse, serving in a trauma center in Los Angeles, I then went on to clerking during law school, and steadily moved through law firms engaged in litigation with regulatory emphasis to partnership in a national law firm, to engagement as a principal in the consulting practice of Deloitte & Touche, to service as compliance officer and privacy officer and director at premier academic medical centers. The breadth of my experience has enabled me to participate in every major aspect of regulatory compliance and taking a practical approach to addressing legal issues of compliance and privacy, as well as improving outcomes, with an ultimate goal of improving systems, approaches and organization performance through innovation.

EXPERIENCE

ELEMENO HEALTH - Chief Nursing Officer and General Counsel July 2016 to Present

Serve as General Counsel and coordinate with outside specialty counsel; Provide nursing clinical expertise for a digital health care technology startup, backed by Y Combinator and Launchpad Digital Health, to vision, build, grow and support our clients with Elemeno's just-in-time solution to drive best practices at the point of need striving to make quality and safety a team sport in health care, as well as organizational and administrative leadership and regulatory compliance while supporting product development and client services.

UCSF MEDICAL CENTER – Director of Special Projects 2009 to 2016

Lead and/or oversee special projects for UCSF Medical Center and support other regulatory projects for both UCSF and the UC Campuses, with particular attention on strategic measures, including but not limited to:

- Oversight of UCSF Medical Center Policies and governance
- Developed and supported the training of staff for HITECH and other ongoing training needs
- Provided a leadership role in improving the patient experience to ensure communication was clear, care and the environment exceeded expectations and scripting helped to improve the overall consistency of the experience
- Supported corporate communications and marketing, including the launching of the UCSF Health Redefining Possible marketing campaign
- Project managed high level investigations for privacy breaches, including research activities, and other regulatory concerns
- Coordinated the physical move of clinic and hospital equipment, files and patient belongings as part of the patient move and opening of UCSF Mission Bay and served as a member of the Mission Bay Transition Team
- Coordinated education, training and logistics to train temporary workforce as part of contingency planning for labor actions
- Lead customer/patient focused initiatives working closely with nurses, physicians and other staff to improve the patient experience, including working with precision medicine
- Participated in the redesign of workflow to improve communication of test results and clinical outcomes
- Served as a facilitator for a variety of strategy meetings for physician leadership
- Worked with the Clinical Research Staff on policies and clinical practice

UCLA MEDICAL SCIENCES- Chief Compliance Officer and Privacy Officer 2005 - 2009

Oversee and guide in the growth of the Compliance Programs, including Privacy and Informational Security, at UCLA Medical Sciences, which includes its three hospitals, outpatient areas and clinics, faculty practice program and the School of Medicine. In particular, under my leadership the following was developed or refined:

- Privacy and data security policies, practices and enforcement actions which formed the foundation for many UC system-wide practices
- Directed several high-profile privacy investigations and coordinated communication with the Office of Public Affairs, in conjunction with the Office of General Counsel, to manage the information and the reporting of information
- Served on a task force for the development of the California Health Information Exchange
- Worked with the Office of Research to implement privacy practices for conducting research, including reviewing data preparatory to research, as well as research billing practices consistent with the Medicare National Coverage Determination for Routine Costs in Clinical Billing
- Developed training programs for all regulatory compliance programs, including privacy, information security, clinical research and billing
- Created policies, practices and auditing tools for all Compliance programs, including Medicare and Medi-Cal billing compliance, Emergency Medical Treatment and Active Labor Act (EMTALA), Home Health, Lab, Privacy and Security, as well as Clinical Research

STANFORD HOSPITAL AND CLINICS and LUCILE SALTER PACKARD CHILDREN'S HOSPITAL – Chief Compliance and Privacy Officer 2002 –2005

Oversee and guide in the growth of the Compliance Programs at Stanford Hospital (SHC) and Clinics and Lucile Salter Packard Children's Hospital (LPCH) which include the programs associated with Medicare and Medi-Cal Compliance, Emergency Medical Treatment and Active Labor Act (EMTALA), Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Clinical Research activities. Specifically, the following include some of the programs developed under my leadership:

- Directed the implementation of HIPAA Privacy Standards at both SHC and LPCH, including training of the workforce of the Single Affiliated Entity of Stanford University, Stanford University School of Medicine, SHC and LPCH.
- Served as the Executive Sponsor for the HIPAA Security Task Forces to implement the Security Regulations within SHC and LPCH, including the training requirements.
- Revised the Code of Conduct for the organization and implemented and /or confirmed the process in place for the Compliance Program, including the seven components outlined in the Federal Guidelines, including an online educational course, sanction checks, reporting to the Audit and Compliance Committees of both SHC and LPCH Boards, and integration and coordination with the Medical Staff office and practices.
- Implemented an EMTALA Compliance Program at SHC and LPCH.
- Leader on a team integrating the research activities of Stanford into a collaborative and coordinated program (Stanford Packard Center for Translational Research and Medicine – SPCTRM) to ensure compliance with HIPAA, billing and human research protections standards.
- Directed the Professional Billing Compliance Program and implementing training for Housestaff on the fundamentals of Coding and Documentation Guidelines as well as the standards relating to the Physicians at Teaching Hospitals (PATH).
- Directed a comprehensive Charge Description Master (CDM) review for both LPCH and SHC and implementation of AB 1627.

DELOITTE & TOUCHE LLP – Principal

2000 – 2002

National Health Care Regulatory Practice

Consult with health care providers and payers on internal operating systems improvements for Medicare and Medicaid, clinical research, EMTALA compliance, HIPAA and GLB, health care coverage and reimbursement, professional and facility licensure, quality assurance and risk management.

- Lead Client Service Partner for health care payer and provider clients including a major health care payer generating revenues in excess of \$2 million FY 02.
- Directed numerous billing investigations and claim and compliance reviews, through counsel, reducing, and, in limited situations eliminating, the implementation of a corporate integrity agreement.
- Led team through an internal compliance review for a large non-profit health system identifying lost revenues and implementing performance improvements.
- Spearheaded the startup of a National Clinical Research Practice, within the Health Care Regulatory Practice, generating approximately \$300K with additional potential to come.
- Presented at numerous national conferences in the area of the HIPAA, clinical research compliance and on other regulatory issues, generating requests for proposals and services.

DAVIS WRIGHT TREMAINE LLP

1993 - 2000

Health Care Regulatory Practice

Partner – 1998 – 2000

Associate 1993 – 1998

Consulted and provided legal advice on regulatory matters, including EMTALA matters, Medicare/Medicaid compliance and reimbursement, Stark - fraud and abuse issues, health care professional and facility licensing and certification and Institutional Review Board (IRB) studies.

- Directed investigations and compliance audits, for various health care providers developing standards and assisting in the implementation of compliance plans minimizing risk and financial exposure.
- Negotiated and finalized clinical trial studies for hospitals with sponsors minimizing the risk and providing guidance for future studies.
- Consulted with hospitals and IRBs in evaluating informed consents ensuring the consents and other aspects of clinical trials were consistent with the requirements for human research protection programs.
- Acquired knowledge and expertise in transactional and corporate matters, including coordination of regulatory approval and reimbursement for medical devices, and various litigation and labor and employment matters including discrimination actions.

Law Offices of Ned Good

1991 - 1993

Associate Attorney – 1991 – 1993

Responsible for handling the entire aspects of a complex litigation cases including:

- Developing a litigation strategy for significant personal injury cases.
- Evaluated the risk of the injury for the injured party and the financial exposure of the adverse party.
- Conducted depositions, including expert depositions.
- Negotiated settlements before judge or arbitrator.
- Served as lead counsel and/or second chair for trials.

Law Offices of David M. Harney

1984 - 1991

Associate Attorney – 1986 – 1993

A trial lawyer in a boutique plaintiff's litigation practice specializing in medical malpractice, products liability and aviation litigation.

- Lead counsel and/or second chair for trials with verdicts in excess of \$1MM, included being a member of the plaintiff's steering committee for a multi-district litigation case and participating in the four-month liability jury trial.

Law Clerk – 1984 - 1986

The Equitable Life Assurance Society of the United States

1983 - 1986

Life and disability agent specializing in pensions, group and individual major medical, disability and business insurance.

- Sold and serviced large group health programs for various health care entities with over 1000 members.
- Qualified as a national leader in the sales force where first year commissions exceeded \$50,000.
- Practiced estate planning and business planning as it relates to variable and other life insurance products.

Huntington Memorial Hospital

1980 - 1983

Registered Nurse at a level I trauma center acute care teaching hospital in Southern California.

EDUCATION

- Juris Doctorate (JD), Southwestern University School of Law, Los Angeles, California
- Bachelor of Science of Nursing (BSN), Duke University, Durham, North Carolina

ORGANIZATIONS

Active Licenses: California Registered Nurse, 327190
California State Bar, 125831
District of Columbia Bar
California Life and Disability

Memberships: American Health Lawyers Association 1993 - 2000
Health Care Compliance Association Inception - 2011
Institutional Review Board Member for Regional Medical Center 1995 – 2000
California Privacy and Security Advisory Board, Legal Committee, 2007-2013
Faculty, Research Compliance Academy and Certification Program, Health Care Compliance Association, 2008 - 2014

Community: Pasadena Tournament of Roses Association, 1988 to present
Duke University School of Nursing Alumni Board of Directors, 2000 to present
Duke University School of Nursing Alumni Association, President, 2006-2007
Sarah P. Duke Gardens Board of Advisors, 2014 – present
Duke Alumni Admissions Interviewer
Junior League of Mid-Peninsula, Palo Alto, 2002 to 2013
Junior League of San Francisco, 2013 to 2016
Junior League of Reno, 2016 to present
San Mateo Coastside Medical Reserve Corps Foundation, Current Member/ Board
Menlo Park Presbyterian Church, Member and Elder
Medical Ambassadors International, Board Member, 2013 to 2015

Oak Grove Christian Ministries, Founder and Board Member, 2013 to present
RotoCare Clinic – Coastside, Volunteer as an RN for the free clinic, 2015 to 2016
Elemeno Health, Advisory Board Member, 2016 to 2017
Nursing Hub Innovation, Board of Advisor, January 2020 to present

PUBLICATIONS

Autologous Bone Marrow Transplants with High Dose BCNU Therapy and the Nursing Implication, Cancer Nursing, June 1980

An Ounce of Prevention - 36 Practical Tips to Help Avoid Being Sued by Your Patients, LACMA Physician, June 1995

Ring Around the White Collar: Defending Fraud and Abuse, Whittier Law Review, Vol. 18, No.1, 1996

Contributing Author to Developing a Corporate Compliance Program: A Guide for Long-Term Care Corporations, Published by the American Association of Homes and Services for the Aging, July 1998

Compliance Considerations for Physicians and Medical Groups, 2nd Annual CMA Leadership Conference, September 1998

Contributing Author to A Guide to the Patient Anti-Dumping Laws, Published by the California Hospital Association.

PRESENTATIONS:

Lecture and presentation to the USC School of Medicine, 4th Year Students on Physician and Society; May 1994

"A Nine-Month Review: The Need for Self Regulation in the Long Term Care Setting"; May 1996 CAHSA Annual Meeting

"Defending Fraud and Abuse" Health Law Symposium, Whittier Law School, May 1996

"Corporate Compliance, Credentialing and Quality Assurance – Is There a Difference?" May 1997 CAHSA Annual Meeting

Bioethics – Dying with Dignity, Oregon Geriatric Education Center, August 1997

"Corporate Compliance is Everyone's Business", Key Note Speaker at the Kansas Association of the Homes and Services for the Aging Spring Conference, April 23, 1998.

"Medicare Fraud & Abuse – The Challenge in Today's Environment" South Carolina Chapter of the American College of Surgeons, Annual Meeting, February 5 & 6, 1999 – South Carolina

Practical Approaches to Implementing Compliance Programs at the Department Level" Second Annual National Congress on Health Care Compliance, Washington, D. C. – February 10-12, 1999

"Advanced Practice Nursing: Privileges, Credentialing, Risks and Liabilities for the "Up-and-Comers" Advanced Practice for the New Millennium A Seminar for Advanced Practice Nurses Presented by: The Board of Registered Nursing and CSU-Long Beach Department of Nursing – Los Angeles, California – February 19, 1999

“Compliance Training – The Next Step”, May 1999 CAHSA Annual Meeting

“The Federal Initiatives”, June, 4, 1999 – The 8th Annual Inland Empire Health Care Conference, The University of California Riverside, Graduate School of Management

“Responding to the Challenges of HIPAA”, July 11, 2000, Hawaii Hospital Association, Honolulu, Hawaii

“Negotiating and Implementing a Corporate Integrity Agreement – Lessons Learned”, September 2000, Lorman Educational Series, San Francisco, California

“Compliance Issues – Implementing the National Coverage Decision for Clinical Trials”, June 25, 2001, Deloitte & Touche Health Care College, Tempe, Arizona

“Research Compliance, Conflicts of Interest and Other Regulatory Hot Buttons”, August 22, 2001, HCCA Region IX Meeting, Los Angeles, California October 9, 2001

“Compliance Challenges in Clinical Behavioral Research”, October 9, 2001 - 2001 Behavioral Healthcare Tomorrow, Washington, D.C.

“The Accreditation of Human Research Protection Programs”, November 30, 2001, Health Care Compliance Association Academic and Research Compliance Summit, Anaheim, California

“Overview of HIPAA Implementation for Public Agencies”, December 5, 2001, Southern California Government Summit, Los Angeles, California

“Getting Ready for Accreditation: A Comparison of the NCQA and AAHRPP Standards”, March 25, 2002, 2nd Annual Medical Research Summit, Washington DC

“Implementing HIPAA into Your Compliance Program”, April 26, 2002, Health Care Compliance Association Annual Conference, Chicago, Illinois

“EMTALA-What’s New”, April 19, 2004, Texas Association for Healthcare Financial Administration Annual Meeting, San Antonio, Texas

“New EMTALA Regulations”, April 27, 2004, Health Care Compliance Association Annual Conference, Chicago, Illinois

“Key Issues in the Administration of HIPAA”, June 29, 2004, NCHICA Security and Privacy Approaches for Academic Medical Centers Conference, Raleigh, Durham

“OIG Draft Supplemental Compliance Program Guidance for Hospitals,” June 30, 2004, Health Care Compliance Association Audio Conference

“EMTALA – The New Reality” – April 2005, Health Care Compliance Association Annual Conference, New Orleans, Louisiana

“HIPAA and Research – Making It Work” – April 2006, 10th Annual Health Care Compliance Association Conference, Las Vegas, Nevada

“The Pandemic Flu in Action – What Are the Patient Care Issues?” – April 26, 2006, Public Health Law Institute, San Francisco, California

“Crossing the Line: Research vs. Innovative Care and Quality Reporting” – September 19, 2006, Health Care Compliance Association 2006 Research Compliance Conference, Las Vegas, Nevada

“Advanced Research Compliance” - April 22, 2007, 2007 Health Care Compliance Association Annual Conference, Chicago, Illinois

“Disaster Preparedness for the Compliance Officer” - April 23, 2007, 2007 Health Care Compliance Association Annual Conference, Chicago, Illinois

“Auditing and Monitoring Research Compliance Sites” – October 31, 2007 Health Care Compliance Association 2007 Research Compliance Conference, Chicago Illinois

“The Intersection Between the Medical Record and the Research Record” – November 1, 2007 Health Care Compliance Association 2007 Research Compliance Conference, Chicago Illinois

Member of the Faculty for the Health Care Compliance Association Research Compliance Academy, 2008 to 2014

“Hot Topics in Clinical Research” – Health Care Compliance Association Research Compliance Conference, October 2008, Chicago, Illinois

“What Compliance Measures are Required Under the New Laws” – California Hospital Association Seminar regarding New California Privacy Laws, November 2008

“Privacy – The Rules and Process Needed for Success and Confidence” – First Annual University of California Compliance and Audit Symposium, February 4, 2009

“Ethical Aspects of Compliance in Health Care” – Guest Lecturer for the UCLA School of Public Health, February 19, 2009

“Patient Health & Identity Information: Security & Theft” – California Society of Healthcare Attorneys Annual Conference, Coronado, CA April 26, 2009)

“Who is in the Record? A Discussion of the Privacy and Security Laws” Health Care Compliance Association 2009 Compliance Institute, Las Vegas, NV (April 27, 2009)

“Managing Healthcare Regulatory Risk in Clinical Research” Health Care Compliance Association Research Compliance Conference, October 2009 Minneapolis, MN

“Conflict of Interest – Avoiding an E-ticket Ride” Health Care Compliance Association 2011 Compliance Institute, Orlando, FL (April 2011)

“Auditing, Updating and Perfecting Your Existing HIPAA/HITECH Privacy and Security Compliance Program” ACI Health Care Information Privacy and Security Forum, Post Conference Strategy Session, Philadelphia, PA, (December 6, 2011)

“Preparing for and Responding to an OCR HIPAA Audit” Sixth National HIPAA Summit West, San Francisco, CA (October 2012)

“2012 HIPAA Privacy and Security Compliance – The New Era” ACI Health Care Information Privacy and Security Forum, Post Conference Strategy Session, Philadelphia, PA, (December 2012)

“Another Breach? Meeting the Latest Requirements of the Privacy and Security Regulations” Healthcare Law and Compliance Institute, Orlando, FL (March 2013)

“Clinical Research Compliance Update” MAGI 2014 Clinical Research Conference, San Francisco, CA (November 2014)