SAN DIEGO ARMA

Records Management = Compliance

A Formula for Success

$\mathbb{A}$re you responsible for implementing a records management system that meets compliance standards? A flood of legislation such as HIPAA, Sarbanes Oxley, and the Open Public Meetings Act has raised serious concerns of how to address the myriad of compliance issues. The application of records management disciplines can be used to tackle the compliance dilemma.

In this seminar you will learn the elements of a records management program that meet these guidelines. The focus will be on policy, procedures, education, monitoring, investigation and remediation. All of these elements need to be applied to achieve success.

You will have an opportunity to share your real world experiences meeting government and industry regulations and establishing policies to avoid the risk of non-compliance. Get answers to your specific questions. The following questions will be put to the audience:

What issues surrounding compliance are you facing today?

What initiatives are your organizations implementing to enforce compliance?

Is compliance a "buzz word" in your organization or does it really mean something tangible?

The seminar will be presented in four sessions. Each session will relate the ways in which records management can help eliminate the risk of non-compliance. The four sessions consist of:

1. Key Elements of a RIM Program

2. Ethical Considerations

3. Education and Communication

4. Monitoring and Auditing

Our Featured Speaker:

Helen Streck, Amgen Inc.

Helen is the Associate Director of Corporate Records Management for Amgen Inc. Amgen is the world's largest biotechnology company. Helen's main responsibility is to establish the strategic direction for a worldwide Records and Information Management Program and to provide RIM education and training for the Corporate Compliance Program worldwide.

Prior to joining Amgen, Helen was the Records and Contract Manager at Genentech, Inc., in South San Francisco, where she held that position for 2 years. Before Genentech, she was an independent consultant in the Bay Area providing program development and support for the pharmaceutical, hi-tech, municipal government, and non-profit industries.

Helen has over 20 years of experience in Records and Information Management in both developing programs and providing program gap assessments and analysis for organizations.

Meeting Agenda

9:00 AM - 9:30 AM	Registration and Continental Breakfast	
9:30 AM - 10:15 AM	Vendor Showcase	
10:15 AM - 11:00 AM	First Session	
11:00 AM - 11:15 AM	Refreshments	
11:15 AM - 12:00 PM	Second Session	
12:00 PM - 1:00 PM	Lunch	
1:00 PM - 1:45 PM	Third Session	
1:45 PM - 2:00 PM	Refreshments	
2:00 PM - 2:45 PM	Fourth Session	
2:45 PM - 3:00 PM	Raffle	

Please register early, as seating is limited.
RSVP to Linda Maczko via phone 858-534-3995 or lmaczko@ucsd.edu.

ARMA INTERNATIONAL®

The New *Threat to Your Medical Privacy*

A national system of electronic medical records could easily save your life. And it could also jeopardize the security of your personal health information.

Let's say you have a heart attack. You could be swooshing down the water slide at Walt Disney World's Typhoon Lagoon, teeing off at the 16th hole at Pebble Beach, or raking leaves in our backyard.

Your odds of survival would soar because the emergency-room computer would let the doctor on duty connect to the Internet, type in a password, and with a few clicks, view your medical history. He could see your most recent test and lab results, a list of your allergies, and all your medications. With all that information, he could begin treating you immediately.

That scenario is not science fiction. The federal government is fostering the creation of a national system of electronic health records (EHRs) under the leadership of David Brailer, a 46-year old physician and former software company CEO who is now at the U.S. Department of Health and Human Services. His charge: to help build the National Health Information Network, which will electronically connect all patients' records to health-care providers, insurers, pharmacies, labs, and claims processors by 2009.

The network's potential to save money, to make medical care more efficient and to lower the incidence of deadly drug reactions and interactions has spurred state government agencies foundations, HMOs, PPOs and hospital chains to develop their own electronic records systems, some of which are already up and running. "Electronic health records will re-engineer health care in a way that will save thousands of lives and billions of dollars," Brailer says.

But troubling questions come with the promises. Will such private information be safeguarded from marketers who might want to sell you a new drug to treat your asthma, or from fund-raisers who target you because the diagnosis of your new disease might encourage you to contribute?

Could computer hackers or pranksters release the information onto the Internet, where your co-workers could learn, say, that you are being treated for alcoholism? Might your record become available to potential employers or lenders who decide that you're not healthy enough to perform the job or handle a 30-year mortgage? And will you be able to control who has access to or find out who has viewed your medical records?

Brailer says that consumers will be able to see their records and correct errors (assuming that they can decipher the medical gobbledy-gook). But the cost to consumers remains unclear. Brailer initially told us that consumers will pay an access fee. But he later said that access would be free. Jim Pyles, A Washington, D.C., constitutional lawyer and privacy expert, objects. "There is no reason there should be access to your records without your consent unless required by law or your life is in jeopardy," he says, "and you certainly should not have to pay for access to your own information."

From Folders to Networks

Spread among folders at the offices of maybe half-dozen doctors and possibly hospitals, the traditional paper medical record is not necessarily efficient, secure, or accurate. Employees certainly and visitors sometime have access to the folder-lined walls where many physicians keep their patient data. Charts may be mis-filed, pages can fall out, and a spilled latte can wipe out years of data.

In recognition of the problems, medical institutions over the years have turned to computerization to manage patient information. At first these systems weren't connected. But gradually, large health-care providers, including the Department of Defense, the Department of Veterans Affairs, and managed-care companies, each

CR Quick Take

The federal government, states, HMOs, and PPOs are developing a system to store and link the medical records of every American. The network would allow medical providers and insurers, among others, to view records and enter information. The ramifications:

- Doctors could provide better care by instantly viewing medical histories.

- The network could save money by eliminating duplicate tests.

- Health officials could quickly spot adverse drug reactions and epidemics.

- But marketers could target patients with specific diseases to sell them drugs or to solicit for related charities.

- In the absence of safeguards, lenders and employers could use medical records to disqualify people with health problems from obtaining loans and jobs.

linked individual office computers to form integrated systems that would allow health-care workers to retrieve patients' test results, including blood work, radiology, ad biopsy reports.

After 9/11m federal officials recognized that a national system of interconnected records could help them spot early evidence of biochemical attacks and epidemics. "It takes 26 days for our current fragmented system to process data at the local level, then the sate level, and have it rise to the level of concern to reach the Centers for Disease control and be properly analyze," Brailer says. "In a fully integrated national system, problems can be spotted in a day."

To have all records connected to a nationwide system, providers, insurers, pharmacies, and other health-care entities will have to pay some $150 billion over the next five years. "It can cost up to $35,000 per doctor to get a fully integrated system in place," says Peter Waegemann, CEO of the Medical Records Institute (MRI), a group that has promoted the establishment of electronic health records. And, according to Brailer, some of the costs will eventually be passed on to consumers.

MRI's database contains 2,500 software and hardware suppliers. Some of them sell systems that support large provider chains. Others peddle specialty programs, such as one tailored to dentists. "The problem is that most of these systems are not compatible, so they can't communicate." Waegemann says. "We need standards to be implemented or else the whole system could collapse.

The Promises

So far, the development of medical information networks has been sporadic, but those in operation are already offering advantages to both doctors and patients. The VA has one of the few systems in place. Two physicians at the Veterans Affairs Medical Center in Washington, D.C., showed us how a patient's computerized record gives them access to layers of information, including notes from office visits, hospital admissions and discharge notes, special patient problems, allergies, diagnostic test results, and a list of the patient's medications.

Alerts signal the doctor if the patient is due for a test or procedure. With a click, test results fill the screen, including CAT scans, MRIs, and EKGs. Some of the images appear in 3D and can be rotated for a 360-degree view. A doctor at any of the VA's 1,300 care-center locations across the nation can pull up a patient's file and add information to it if a veteran is treated at that facility.

The system gives patients control over their medical care. Two Web sites called MyHealtheNet—one of them a pilot with more features –allow some 155,000 participating patients to have instant access to some of their medical records. Using an Internet connection, they can read their doctor's summary of a visit, see test lab results the day after they come in, and type in any data they want to track on their own, such as blood-sugar level, blood pressure, or

youneedtoknow

WHAT RIGHTS YOU ARE SIGNING AWAY AT THE DOCTOR'S OFFICE

Chances are that in the last few years, you've been asked to endorse dozens of so-called privacy agreements while sitting in doctors' waiting rooms. Under the provisions of the Health Insurance Portability and Accountability Act (HIPAA), health-care providers have the right to share your data for several purposes: to treat you, which means, for example, they may discuss your case and send data about you to a radiologist about which ankle to X-ray; to process your insurance claim; and to respond to requests from public-health authorities, law enforcement, and your employer if you were hurt at work.

All of that seems reasonable, but you might not realize that HIPAA also allows health-care providers to share information with health-care business associates. So notes from your psychotherapy session may be given to your insurers' employees for "training purposes." And don't forget about fund-raisers. For example, the agreement of Michael Bermant, a plastic surgeon in Chester, Va., says, "We may use or disclose your demographic information and the dates that you received treatment from us in order to contact you for fund-raising activities supported by our office. "

Unfortunately, HIPAA does not give you the right to opt out in most cases, and the agreements can change at any time. But there are ways to guard the shreds that are left of your medical privacy:

• Read notices of privacy practices carefully. If you do not understand something in the notice, ask questions. Your doctor may agree to keep personal or very embarrassing information out of your record as long as its absence will not negatively affect the quality of your care or your health.

• You do not have to sign the forms. Unfortunately, refusing to do so will not change the offices' ability to share your information. The notice is not a contract; it is merely a mandated disclosure form to prove that you were informed in writing about how your data may be shared.

• HIPAA gives you the right to request that your health-care provider or your health plan restrict uses or disclosures of your medical information. For example, you may say that you do not wish to receive fund-raising materials, a right that is noted in Bermant's notice. The provider or plan, however, is not obligated to agree to the restriction, which Bermant's agreement also notes. But if the provider or plan does agree to the restriction, which Bermant's office says it does, it must abide by that agreement, except in emergencies. Your request will probably have to be made in writing. The provider's or plan's office will then let you know whether it has decided to abide by your wishes.

The New *Threat to Your Medical Privacy*

weight.

More precise patient care from doctors, greater participation by patients, and an early-warning system for medical disasters such as the appearance of avian flu are the hopes for an electronic records network. Another is the potential savings in health-care expenditures, which reached $1.9 trillion in 2004.

According to RAND Corporation study published in September, successful adoption of health-information technology by 90 percent of doctors and hospitals would cut health-care spending by $77 billion annually. The biggest savings would come partly from shorter hospital stays prompted by better-coordinated care and fewer redundant tests and procedures. Fewer prescription errors, another benefit of computerized systems' warning doctors and pharmacists of potential adverse drug reactions, could shave off $4 billion.

Errors Across the Internet

Anyone who has recently examined his or her credit report knows that errors are common and often significant. Errors in a medical record could be fatal.

It's axiomatic that paper records have errors. But the records don't have much reach. An error in you HER, however, that says you have a possibly stigmatizing condition (depression, addition, a sexually transmitted disease) can be seen by many people before you even know of the error.

The likelihood of errors could also increase when lots of people have the ability to enter data. John Halamka, a physician and chairman of the Healthcare information Technology Standards Panel, whose job it is to set data standards for work, insists that security will be tight. Each local network would require that individuals logging into the system have unique IDs tied to a designation such as R.N. or M.D. A patient's information would be divided into subsets so that the dentist's nurse would be unable to view or alter the diagnosis of your psychiatrist. Or gossip about it to neighbors.

Without such safeguards, some consumers might be reluctant to seek treatment for certain conditions out of fear of discovery. "No one wants strangers to see the details of things like their cancer treatments, or their parent's sexual dysfunction, or their child's diagnosis by a therapist," says Deborah Peel, M.D., a psychoanalyst in Austin, Texas, and president of Patient Privacy Rights, a nonprofit medical-privacy watchdog group.

Eyes on Your Records

As things stand now, HIPAA regulations allow your medical information to be shred by hundreds of thousands of people without your knowledge-to treat you and to process billing. But the data can also go to health-care-related businesses. "Medical ethics have always allowed doctors to share information about you with your consent to ensure you are properly treated and to process insurance claims," says Pyles,

The New Threat to Your Medical Privacy

the privacy expert. "It's that third category, sharing with health-care-related businesses, that's troublesome." Troublesome because there are 600,000 health-care-related companies in the U.S., according to estimates by the Department of Health and Human Services (HHS), including drugmakers, fund-raisers, health-care researchers, law practices, and transcription

services. And those busi-
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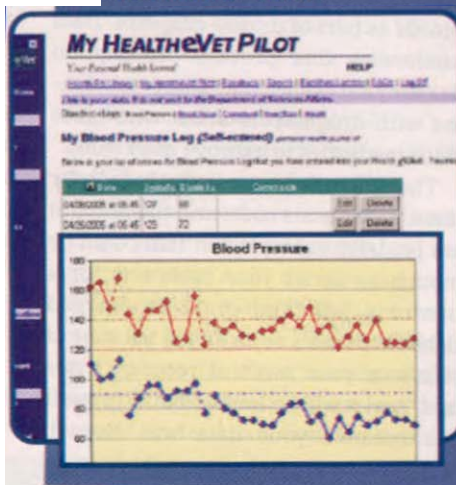**Taking charge of his health**

WHO Orlando Sellers, 57, a Vietnam War vet and a human-resources specialist at the Veterans Affairs Medical Center in Washington, D.C.

WHAT Sellers can pull up his electronic medical record at MyHealtheVet, a Web site, and enter his daily blood-pressure reading. If he sees that it's spiking, he can send an e-mail note to his doctor, who may then ask him to come in for a brief checkup. (Sellers' doctor also checks his daily blood-pressure entries.) Sellers takes comfort in the fact that doctors at any of the VA's 1,300 U.S. care centers can view his record even if he is unconscious and rushed to an emergency room. "It's like having luggage that you take on a trip that can save your life," he says.
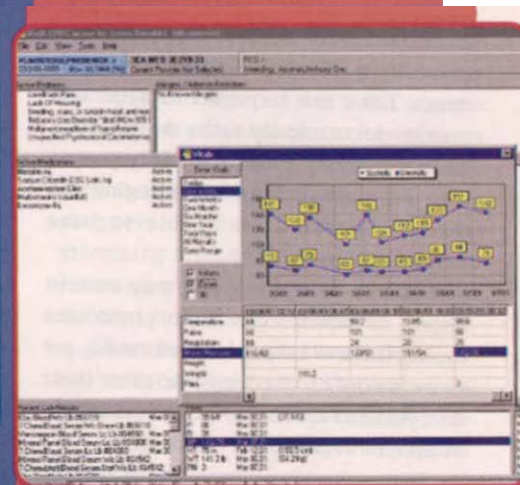
WHAT THEY SEE Veterans Affairs patients view the basic information in their record, but doctors get much greater detail. The charts below show the difference between their views of blood-pressure readings.

PATIENTS' VIEW   DOCTORS' VIEW

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"It's a lot
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Peel says.

The HIPAA law allows data to be shared with health-care businesses, and privacy advocates worry that an electronic system could allow your insurer to share data about you with its affiliate, which could be your bank, which in turn may be doing some health-care consulting. Your employer may obtain your info if it is an affiliate of a health insurer or if it self-insures. And note that any negative results of an employer-sponsored physical or test are not adequately protected information under HIPAA.

A corporation that is considering acquiring a pharmacy group or insurance company will be able to view its members'

The New *Threat to Your Medical Privacy*

records as part of its due diligence. Data warehouses that process prescription data for pharmacies may share information with drug makers about who takes which medicines to improve marketing.

The information may include your name, a diagnosis code, and the amount you paid, for example, but tat could be enough to derail your prospects for a loan or a job. "You could be charged higher loan rates or lose a job because of what's in your medical record," Pyles says. "And it will be impossible to prove it was because your data was shared, rightly or wrongly, because there is no disclosure audit."

Safeguarding Against Theft

Brailer and other network advocates say that the system will have the tightest possible security. But recent large-scale thefts of credit-card and banking information have shown that all databases, even those with state-of-the-art security protections, can be compromised.

Electronic health systems now in operation have already sprung some serious security leaks. In October 2003, for example, a medical transcriptionist in Pakistan threatened to post patient records from the University of California at San Francisco's Medical Center on the Internet unless she was paid for her work for a transcription service hired by the university. The service was forbidden by its contract with the university to divulge contents of the recording or transcriptions. But that transcription service had subcontracted to another U.S. company, which in turn subcontracted to a firm that farmed the work out to Pakistan. Luckily, a UCSF official says, the woman relented and promised to destroy the re-

cords. UCSF fired its service. Patients, in the meantime, had no idea their records were being sent overseas.

In another breach, two computers and a disc containing the confidential records of close to 200,000 patients of a medical group in San Jose California, were posted for sale on Craigslist.org, a classified-advertising Web site. The disc included a wealth of data, including names, dates of birth, Social Security numbers, insurance information, addresses, bill records, and medical histories. A former branch manager for the medical group was charged in May 2005 with the theft. At press time, he had not yet entered a plea. The public defender representing him did not return our calls.

The Federal Bureau of Investigation recovered the equipment and software, and the medical group informed current and former patients of the theft. It's not clear what a buyer would to with the information, but the medical group says that it has received no complaints from patients.

2005-2006 Meeting Programs

October 20
November 16
January 27
March 20
May 10
June 14

ECM for the Masses Becomes a Reality

SOA, XML, and Web Services are three technologies tipping the scales toward ECM for everyone.

So, what do we mean by enterprise content management (ECM) for the masses? ECM technologies have matured over the last several years significantly, but fur the most part most ECM solutions still approach managing the enterprise content as point applications. So what's wrong with that?

Well, with the exponentially growing volumes of electronic content and the heightened risk of not effectively managing this content, organizations cannot afford having this content "slip through the cracks." We need ECM services (capture, manage, store, maintain, etc.) to be available pervasively throughout the organization.

EC services should be available to every application that creates unstructured content and should be accessible at any point in the lifecycle of that piece of content. Creating a document, reviewing it, making it final (a record), and destroying it when it comes to the end of its life should happen where I create, when I create it, and as a result of my normal business processes. This is what is meant by "ECM For The Masses."

Why Is This Important?

Much of the content created and maintained by workers lives outside of any corporate ECM system because of the difficulty of using these solutions or because of lack of access to these systems. They store things on their PCs and decide when to save and when to delete content. This poses significant risk when this content is subject to regulatory requirements and it lives outside of the corporate ECM system. This information is not available to the organization and can represent locked-away corporate intellectual property. To mitigate these risks and make all information useful to the organization a "leak-proof" ECM system that is available throughout the organization is needed.

How Does It Become Reality?

IT departments struggle to meet the demands to provide a robust ECM capability that is easy to use and available pervasively throughout the organization. The tools for creating content have long existed, but effectively capturing and managing this content has largely remained a significant problem.

What is needed is a framework that allows IT to take advantage of existing functionality and corporate systems as well as provide the flexibility to respond as both the organization and technology continue to evolve. This framework must be extensible to all parts of the organization, independent of the underlying technology, and provide a foundation for future applications. The framework must also provide robust ECM capabilities as a service so that IT developers an software vendors can tap into the needed functionality when creating new business applications to support the organization's business. It must surface the needed capabilities and functionality in desktop applications, browsers, and email clients.

Why Now?

Over the last several years a technical revolution ha been quietly brewing that is making this dream of "ECM for the masses:" possible. The three major reasons, or tipping points, that are making this goal technically feasible are broad adoption and migration towards: Service Oriented Architectures (SOA), Web services, and Extensible Markup Language (XML) technologies.

SOA What?

Service Oriented Architecture (SOA) is a framework of services that provide application functionality made available through well-defined interfaces. SOA is not new; however, as advances have been made in application development and architectural technologies, as well as advances in managing business processes, SOA is poised to become "the next big thing" which enables ECM services integration with all part of the enterprise. However, there were still limitations. In the past, components were often difficult to discover, integration interfaces were not standardized, and accessibility was often dependent upon the technology of the underlying systems platform. All of this changed with Web services.

The Explosion of SOA With Web Services and XML

Web services provide the missing link between reusable components and accessibility across the organization. Their characteristics include standardized interfaces, easy accessibility, and irrelevance toward the underlying platform technology. This allows for reuse of functional components from multiple applications, transforming them from independent silos of business functionality into a horizontal collaborative platform available across the organization.

XML has become an enabler for Web services to support a SOA model. These services are broadly usable and available now to developers through a standard called WSDL. WSDL is an XML format for describing network services as a set of endpoints operating on messages containing either document-oriented or procedure-oriented information. Now the underlying infrastructure and developer tools required fro creating and deploying Web services have advanced such that the average developer can now do so with ease.

Capturing Content With Web Services

In order for ECM for the masses to become a reality, content must first effectively be captured throughout the organiza-

> *The major ECM vendors will continue their move toward providing a comprehensive set of core Web services while smaller ECM and other ECM-related vendors sill have to migrate their solutions towards providing specialized SOA compatible services to survive in this evolving market.*

ECM for the Masses Becomes a Reality

tion. The major stumbling block for doing this has been the fact that content was dispersed throughout multiple locations and within multiple systems throughout the organization. In addition to identifying and capturing typical content, such as email, documentation, and records, there is also valuable information in the system-system and human-system interactions which occur but is often difficult to obtain. Finally, information that relates to business process as they happen within the organization must be obtained and is necessary for providing an accurate snapshot of how the organization is operating.

Content Contained Within Systems

Although the location of content needed for corporate ECM is often identifiable in back-end systems, inconsistent interfaces and technologies of these systems have resulted in the inability to easily access and capture this information. Such systems include those for email, Web content management, collaboration, and records management. Web services open the door to these systems by abstracting the underlying technology and standardizing the interfaces. Once made

ECM for the Masses Becomes a Reality

available, this content is then available to be captured and managed.

Content Created By Interactions
System-system and human=system interactions contain useful information that must also be captured and managed for thru ECM. In the past, this information ha been difficult to obtain and is often lost. In recent years, Web services have been used to manage these interactions as they occur both within the organization and with external entities. As this trend continues, the result will be the ability to capture and manage this information as it is being moved throughout the organization.

Business Process Information
As SOA starts to grow throughout the organization, the discrete pieces of functionality these services provide become strung together to form larger orchestrations that make up business processes. A new layer on top of this SOA starts to form and becomes the basis for managing and driving these business processes. Until recently there was no standardized way to manage that state of a process across these services. This all changes with the emergence of business process execution language (BPEL), and XML-based language for the formal specification of business processes. BPEL extends the Web Services interaction model and enables it to support business transactions. This opens the SOA platform and turns it into the foundation for a new application layer without regard to the technologies underneath.

What All of This Means
As these technologies and standards continue to mature, capturing content across the organization will become much more efficient and effective. The next missing link between what is available today and what is necessary for true "ECM for the masses" is the ability to capture content from the desktop when end users create it. We this this is changing.

New content management solutions from both Microsoft and Oracle make extensive use of, and interact directly with Web services. The latest generation of Office products from Microsoft has some built-in ability to directly interact with Web services and can be extended by 3rd party applications or custom-developed extensions. Microsoft's next version, Office 12, becomes a Web services ECM system and will include workflow, document and records management, and Web content management. Oracle is also fielding a Web services ECM system with the release of Oracle Collaboration Suite 10g including records management. Oracle also provides the ability to interact directly with Web services and BPEL via Oracle forms.

We expect as these technologies and standards mature and SOA-based solutions are implemented throughout the organization, ECM for the masses will be come reality. The major ECM vendors will continue their move toward providing a comprehensive set of core Web services while smaller ECM and other ECM-related vendors will have to migrate their solutions towards

*Russell Stalters (*russ.stalters@compliancesolutionsgrp.com) *is the president and founder of Compliance Solutions Group (CSG); a firm focused on delivering records management and compliance solutions for Microsoft customers. He was also president of TrueArc, a developer of digital preservation and records management software that was acquired by Documentem. Alex Holcombe is an ECM architect with CSG and has built numerous SOA-based ECM solutions for their clients.* This article appeared in **AIIM E-Doc Magazine**, Volume 20, Issue 1, Page 41.

Americans Concerned About Medical Privacy, Survey Finds

Despite new federal protections, 67 percent of Americans are worried about the privacy of their personal health information and are largely unaware of their rights. Moreover, many consumers may be putting their health at risk with such behaviors as avoiding their regular doctor or forgoing needed tests, according to the National consumer Health Privacy Survey 2005.

The survey, commissioned by the California HealthCare Foundation (CHCF) and conducted by Forrester Research, also found that a majority of consumers are concerned that employers will use their medical information to limit job opportunities.

Despite these fears, the survey revealed that consumers have a favorable view of health information technology and are willing to share their personal health data when it offers a benefit, such as improving the coordination or safety of their care. For example, 65 percent of respondents said they believe computerization could potentially reduce medical errors.

Although the U.S. government and private sector is pushing for electronic health records for every American within 10 years, the survey found that 66 percent of consumers believe that health information stored in paper files is secure, but 58 percent believe electronic records are more secure.

And, despite passage of the Health Insurance Portability and Accountability Act (HIPAA), the survey revealed that 67 percent of Americans continue to show high levels of concern about the privacy of their personal health information. Ethnic and racial minorities (73 percent) and chronically ill populations (67 percent) show the most concern. The survey also found that one in

Americans Concerned About Medical Privacy, Survey Finds

four consumers is breaches reported in are aware of these the reports increased own medical privacy.

Additionally, the about employer use of tion increased dra- percent in 2005; 36 and racial minorities cally ill (55 percent), cent), and people with cent) were signifi- that an employer mation to limit their

The survey found ers engage in behavior her privacy. These haviors" include asking a health problem, go- avoid telling their health condition, and

Despite increased care privacy, however, percent of Americans

How concerned are you with the privacy of your personal medical records?

Not at all concerned 15%

Very concerned 36%

Not very concerned 19%

Somewhat concerned 31%
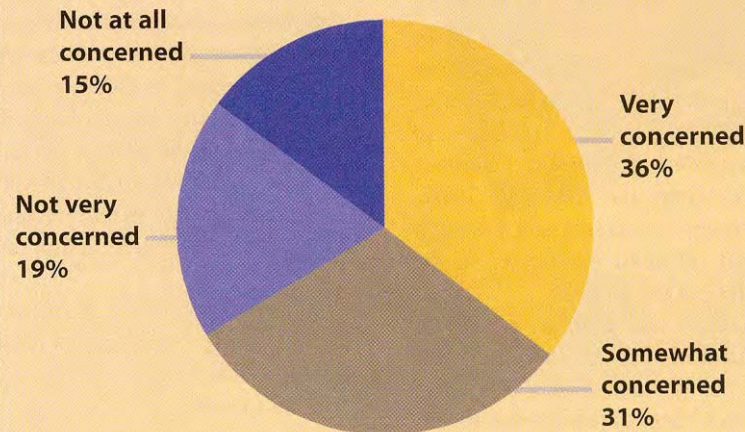
Source: National Consumer Health Privacy Survey 2005, Conducted for the California HealthCare Foundation by Forrester Research Inc.

aware of recent privacy the media. Of those who incidents, 42 percent said their concern about their

survey found that fears medical claims informa- matically since 1999 (52 percent in 1999). Ethnic (61 percent), the chroni- older workers (51 per- less education (53 per- cantly more concerned would use medical infor- job opportunities. that one in eight consum- intended to protect his or "privacy protective be- their doctor not to record ing to another doctor to regular doctor about a avoiding medical tests. concerns about health- the survey revealed 59 are willing to share their

personal health information when it is beneficial to their care or could result in better coordination of medical treatment. The largest motivating factors for consumers to share their medical data are better treatment coordination (60 percent), enhanced coverage benefits (59 percent), and access to experimental treatments (58 percent). Consumers are savvy, too; few are willing to share their data with drug companies (27 percent) or government agencies (20 percent).

This article appeared in *The Information Management Journal,* Volume 40, No. 1, page 8, January-February 2006,

March Registration Form

Marriott Courtyard—Kearney Mesa
8651 Spectrum Center Blvd.
San Diego, CA 92123
(858) 573-0700
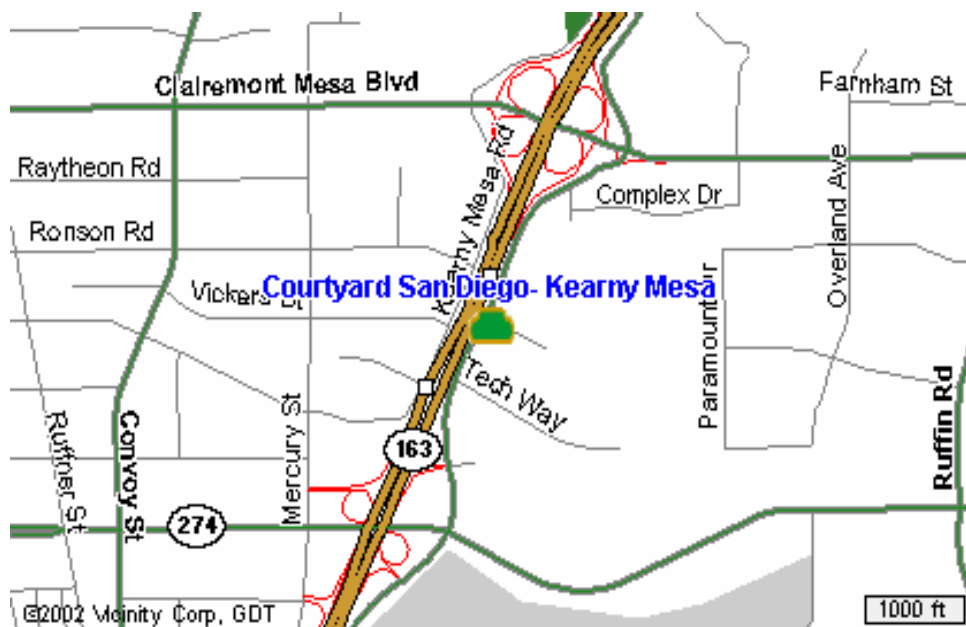
To Register: FAX this form to **Linda Maczko at (858) 534-6523**, or **Call Linda @ (858) 534-3395**, or **Email** : lmaczko@ucsd.edu **NO LATER than 3:30 p.m., Wednesday, March 15, 2006. Cancellations later than 48 hours prior to the event will be billed to the person registered.** *If not sending advanced payment, cash or check payment required at registration.*

	Member	Non-Member
Lunch (please circle)	$75.00	$95.00

Name:
_____

Organization:
_____

Phone: _____ FAX : _____ EMAIL : _____

FYI

Here's the URL to a very important site—the **Chapter Connection** on the ARMA International Website!!

Go to http://www.arma.org/intranet

Click on Chapter Connection
Check out this URL to find out about

ARMA Webinars / Calendar of Events

http://www.arma.org/resources/calendar.cfm

FREE TRAINING CLASSES!!

 Centers for Education and Technology (CET), a part of the San Diego Community College District, is offering free training classes in a wide range of topics. Their Business Information Technology courses include offerings in HTML, XML, Java programming, JavaScript, UNIX, Cisco, Oracle, Linux, Visio, A+ Training, TCP/IP, MS Office and many others. These courses are offered at several campuses throughout the city.

Please take a look at their web site,
 http://www.sandiegocet.net/index.php, for class and registration information.

Check out vital information you might have missed!
http://www.arma.org/learning/seminar_archives.cfm
This is a link to ARMA Audio and Web Seminars that you might have missed.

Seminars—Workshops

San Diego Storage Network Users Group—No charge to attend. Go to:
http://extension.ucsd.edu/pdf/student/SorrentoDirections.pdf

GLA—ARMA Annual Conference
Electronic Records Management—Status & Trends and Legal Issues in Records Management: Myths and Realities. Go to:**http://www.arma-gla.org/view_announcement.php?ID=28**

Arizona Chapter—Before Judge and Jury—Mock Trial with John Isaza and Steven Brower.
March 17, 2006. Registration form:
http://www.sandiegoarma.org/arma_az.doc

ARMA Information

Compliance/Risk Management
Electronic Records
Legal/Regulatory Issues
Privacy
Records/Info Management
Standards/Best Practices

New Online Courses: Issues and Approaches in Archiving Electronic Records. ARMA's new online course will introduce you to the unique issues inherent to archiving electronic records. Learn about the strengths and weaknesses of various approaches to electronic records archiving, as well as recommendations for electronic archival processes and systems. Now available in the ARMA Learning Center.

Useful Links
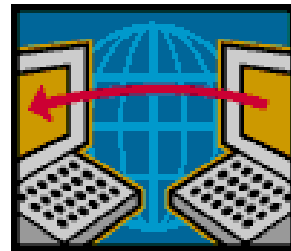
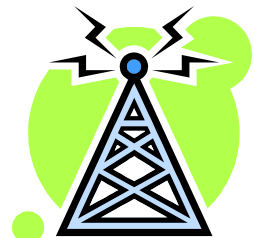**ARMA International Links**

What is RIM?

ARMA Membership

ARMA Directories

ARMA Chapters and Regions

ARMA International Press Room

Educational Foundation

Calendar of Upcoming Events

MEMBERSHIP

Membership Corner
By Linda Maczko

Welcome From the Membership Corner

Members who joined in December:

Rhonda Poor	Quintiles
Howard Daniels	Quintiles
Adriana Gauld	DLA Piper Rudnick Gray Cary
Leslie Herbert	Filefax
Cathy Merrill	Quintiles

Every member counts and every member makes a contribution. If I missed anybody, please let me know so that I can make sure you are included.

If you have questions about membership, please send your comments, questions, suggestions to myself at lmaczko@ucsd.edu or Tracee Hughs at thughs@rdblaw.com.

ARMA - San Diego Chapter
Linda Maczko   Tracee Hughs
Membership Co-Chair   Membership Co-Chair/ISG
Phone: 619-557-4351   Phone: 619-557-4351
Email: lmaczko@ucsd.edu   Email: thughs@rdblaw.com

San Diego ARMA Board Meetings
August 6
October 5
November 2
December 14
February 1
February 22
April 12
May 24

San Diego ARMA Chapter- 2005/2006 Officers/Directors

Office	Person	Company	Phone	Fax
President/Web/ Newsletter	Cynthia Lacy	San Diego Data Processing Corporation clacy@sddpc.org	858-581-9763	858-581-9606
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Secretary	Laura Avilez	Symitar Systems, A JHA Company lavilez@symitar.com	(888) 796-4827 x766842	619-542-6707
Treasurer	Alex Fazekas-Paul	Sempra Generation afazekas@semprageneration.com	619-696-2949	619-696-2119
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Public Relations Co-Chair	Dave Nuding	Western Micrographics Systems, Inc. westmicro@aol.com	858-722-5500	858-268-0592
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ISG/Membership Co-Chair	Tracee Hughs	Ross, Dixon & Bell, LLP thughs@rdblaw.com	619-557-4351	619-231-2561
Membership Co-Chair	Linda Maczko	UCSD lmaczko@ucsd.edu	858-534-3395	858-534-6523
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