

HCCA



HEALTH CARE
COMPLIANCE
ASSOCIATION

***HCCA 2007 Compliance
Institute
April 22-25, 2007
Chicago, IL
SESSION EVALUATION FORM***

HCCA



COMPLIANCE
INSTITUTE
April 22-25, 2007
www.compliance-institute.org
(888) 580-8373

**P12 – Creating Learning Communities: Interactive Case Studies
Addressing Privacy, Security, and Communication Issues
Sunday, April 22, 2007/1:00 pm – 4:00 pm/Mayfair**

**PLEASE INDICATE YOUR RESPONSE TO THE FOLLOWING QUESTIONS
BY MARKING THE APPROPRIATE BOX ON THE RIGHT**

Clare Bello

| | Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shawn Eldridge

| | Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Brian Lane

| | Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Unday Ali Pabrai

| | Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bill Paschall

| | Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| HANDOUTS WERE INFORMATIVE AND EASY TO USE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MY EDUCATIONAL GOALS RELATED TO THE TOPIC WERE MET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I WOULD ATTEND A SESSION ON THIS TOPIC IN THE FUTURE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BRIEFLY DESCRIBE THE MOST SATISFYING FEATURES OF THE SESSION:

BRIEFLY DESCRIBE THE LEAST SATISFYING FEATURES OF THE SESSION: