FUNDAMENTALS OF HEALTH CARE

6 CLE Hours including | 1 Ethics Hour | 1 Trial Practice Hours

PRESIDING:
Rod G. Meadows, Program Chair, Meadows, Macie & Sutton, P.C., Stockbridge

7:45 REGISTRATION
(All attendees must check in upon arrival. A removable jacket or sweater is recommended)

8:15 WELCOME AND UPDATE
Robert Brennan, Parker, Hudson, Rainer & Dobbs, LLP, Atlanta

8:20 WELCOME
Christy D. Jordan, Chair, Georgia Academy of Healthcare Attorneys, Southeast Georgia Health System, Brunswick

8:25 INTRODUCTION AND PROGRAM OVERVIEW
Rod G. Meadows

8:30 FEDERAL HEALTHCARE REGULATIONS
(Including Ethical Considerations)
Robert M. Keenan, III, King & Spalding, LLP, Atlanta
Charlotte A. Combre, Baker & Hostetler, LLP, Atlanta
Jonathan Rue, Parker, Hudson, Rainer & Dobbs, LLP, Atlanta

10:00 BREAK

10:15 STATE HEALTHCARE REGULATIONS
Kathlynn Butler Polvino, KBP Law, P.C., Atlanta
Rachel King, Georgia Department of Community Health, Atlanta
Roxana Tatman, Georgia Department of Community Health, Atlanta

11:15 HOSPITAL ORGANIZATION: GOVERNANCE AND CREDENTIALING
Joseph R. Ross, Morris, Manning & Martin, LLP, Savannah

11:45 LUNCH AND PRESENTATION
Commissioner Frank W. Berry, Department of Community Health, Atlanta

12:30 MEDICAL MALPRACTICE LITIGATION: PLAINTIFF’S PERSPECTIVE
James H. Webb, Jr. Webb & Taylor, LLP, Peachtree City

1:00 MEDICAL MALPRACTICE LITIGATION: DEFENDANT’S PERSPECTIVE
C. Matthew Smith, Piedmont Healthcare System, Atlanta

1:30 THE CRIMINAL SIDE OF HEALTH CARE
Brian McEvoy, Polsinelli, Atlanta

2:00 BREAK

2:15 MEDICAL STAFF MATTERS
Rod G. Meadows

2:45 THE TOP THREE HEALTHCARE ISSUES FOR VARIOUS SUB-SPECIALISTS
• Hospitals
  Jeff Baxter, Emory Healthcare System, Atlanta
• Mental Health
  Robert B. Remar, Rogers & Hardin, Atlanta
• Long-Term Healthcare
  Matthew Bennett, Westbury & Bennett, PC, Griffin

3:45 ADJOURN
IN PERSON:
STATE BAR OF GEORGIA HEADQUARTERS
104 Marietta Street NW • Atlanta, Georgia
For Directions Please Visit http://www.gabar.org/
To make hotel room reservations, call:
Embassy Suites phone: 1-800-Hiltons | The Glenn phone: 404-521-2250
Hilton Garden Inn phone: 404-577-2001 | The Omni phone: 404-818-4334
Home2Suites Hilton phone: 404-965-7992
Ask for the State Bar of Georgia’s negotiated corporate rate.

VIA WEB STREAM:
This program will also be available via a live web stream for those who choose to register for the online option. Once you have registered for the program, you will receive a link in your confirmation email with instructions on accessing the program on March 10. You will receive Self-Study CLE Credit for the course.

CANCELLATION POLICY
Cancellations reaching ICLE by 5:00 p.m. the day before the seminar date will receive a registration fee refund less a $15.00 administrative fee. Otherwise, the registrant will be considered a “no show” and will not receive a registration fee refund. Program materials will be shipped after the program to every “no show.” Designated substitutes may take the place of registrants unable to attend.

SEMINAR REGISTRATION POLICY
Early registrations must be received 48 hours before the seminar. ICLE will accept on-site registrations as space allows. However, potential attendees should call ICLE the day before the seminar to verify that space is available. All attendees must check in upon arrival and are requested to wear name tags at all times during the seminar. ICLE makes every effort to have enough program materials at the seminar for all attendees. When demand is high, program materials must be shipped to some attendees.

THREE WAYS TO REGISTER: check the ICLE schedule on the web at www.iclega.org
Mail: ICLE • P.O. Box 1885 • Athens, GA 30603-1885 (make check payable to ICLE)
Fax: 706-354-4190 (credit card payment must accompany fax to be processed)
Online: iclega.org (credit card payment only)

Questions? Call ICLE Atlanta Area: 770-466-0886 • Athens Area: 706-369-5664 • Toll Free: 1-800-422-0893

FUNDAMENTALS OF HEALTH CARE | MARCH 10, 2017 | 9579

| EARLY REGISTRATION: | $140 |
| ON-SITE REGISTRATION: | $170 |

I WILL ATTEND:
☐ ATLANTA (IN PERSON)
☐ WEB STREAM (ONLINE)

☐ I am sight impaired under the ADA and I will contact ICLE immediately to make arrangements.
☐ I have enclosed a check in the amount of $________ (See fees at left)
☐ I authorize ICLE to charge the amount of $________ (See fees at left)
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