



MEMBERSHIP APPLICATION

The Association for Healthcare Risk Management of New York, Inc. (AHRMNY) is the official New York chapter of the American Society for Healthcare Risk Management (ASHRM), a division of the American Hospital Association. AHRMNY is a non-profit, organization incorporated in New York State in 1985 and governed by its elected officers and board of directors.

Membership is comprised of those individuals who are regularly involved in or who have an interest in the risk management functions of a healthcare organization. Our members include hospital and other healthcare risk managers, administrators, healthcare/medical malpractice defense attorneys, quality assurance professionals, insurance executives, and other healthcare professionals. This diversity makes a variety of viewpoints available to members and contributes to the vitality of the organization. Since its founding in 1982, AHRMNY, continues to attract and welcome new members, many of whom are also members of the national organization, ASHRM.

MISSION STATEMENT:

AHRMNY's purpose is to enhance the quality of the delivery of health services and the professional practice of health care and health care related risk management by:

- Conducting educational activities to strengthen the development of healthcare and healthcare related risk management programs & promoting professional development of related staff.
- Providing a medium for the interchange of ideas and methodologies among members and other health professionals.
- Assisting in the development of professional relationships among Association members and other healthcare professionals in order to facilitate the free exchange of information and solution of mutual problems.
- Providing a forum on healthcare risk management issues and explaining the impact of these issues to other appropriate parties including hospital associations, medical societies and civic groups.
- Acting as a central source of information in New York State on the new developments and trends in healthcare risk management.

OBJECTIVES:

- To inform the healthcare community and others involved in patient care safety and quality assurance activities about current issues and trends in risk management
- To promote a clearer understanding of medical-legal issues, relevant legislation and case law
- To share ideas about risk management and patient safety including problems, solutions, innovative strategies and new techniques
- To provide formal and informal opportunities to strengthen the professional risk management network
- To support the healthcare community's commitment to high quality patient care in NY.

ACTIVITIES:

Each year we hold at least four educational sessions, most are complimentary to members. The full-day session and annual meeting is held each June for which members pay a modest fee to attend. Some of the many topics covered during our seminars and conferences include: developments in medical malpractice case law, discoverability of risk management data, physician credentialing, regulatory/statutory requirements, Joint Commission risk management standards, EMTALA issues, discharge planning, long term care, homecare, liability issues related to staffing, child abuse, state incident reporting, contract review, and patient safety issues.

Our journal, **The Risk Management Quarterly**, is published regularly. It contains scholarly articles, reviews of lectures and other presentations on a wide variety of subjects related to risk management, insurance, patient safety, law and governmental regulations as well as event notices and other information of interest to members. The articles are usually written by AHRMNY members, so the journal also serves as an opportunity for members to exercise their writing talents.

Another important benefit of belonging to AHRMNY is the satisfaction of working on the Association's committees. Members share talents, learn new skills and become acquainted with new colleagues through their work on the Fundraising, Publications, Bylaws, Education, Public Relations, Nominating, Finance and Membership Committees.

TO JOIN AHRMNY

The membership year begins July 1. Membership is in effect through June 30th. Individual member dues are \$100.00 annually. You may make a simple credit card payment on our website at www.ahrmny.com, or complete this paper form and submit to the address listed below. You may pay the full year membership in-person at the time of the June all-day conference in order to be eligible for the reduced conference fee. Payment by check is required for in-person payment.

We offer an organizational membership of \$250.00 for three (3) members all from the same company.

Please contact Alvin Safran at (718) 670-1854 or axsafran@nyp.org with any questions pertaining to membership.

25th ANNIVERSARY ECONOMIC STIMULUS

A current member who successfully refers two (2) new members, (two persons who are not current members) will receive a complimentary extension of their individual membership for one additional year. If two current members refer the same person(s), only the first referral will be honored.

Please be advised, the affiliation agreement between our local chapter (AHRMNY) and the national organization (ASHRM) requires AHRMNY share our membership list and contact information with ASHRM.

RATES:

\$100 Individual Membership

\$250 Group Membership – Three (3) must join at the same time and from the same company to qualify for this rate.



Complete the application and send it with your check to:

AHRMNY
P.O. Box 4200
Grand Central Station
New York, NY 10163

Membership dues may also be paid by debit/credit card. Please visit www.ahrmny.com and click on membership.

Referring Member: _____

Please be sure to note on the application whether you are a member of the American Society for Healthcare Risk Management (ASHRM). Don't forget to indicate if you are interested in committee work.

Name: _____

Title: _____

Company: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Please indicate: New Member Renewal

Are you a current member of the American Society for Healthcare Risk Management (ASHRM) Yes No

Please specify if you are interested in working on an AHRMNY Committee:

- | | | | |
|-------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Communication | <input type="checkbox"/> Education | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Publications | <input type="checkbox"/> Nominating |

Name: _____

Title: _____

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