George Mason University  
Graduate Course Approval/Inventory Form  
Please complete this form and attach a copy of the syllabus for new courses. Forward it as an email attachment to the Secretary of the Graduate Council. A printed copy of the form with signatures should be brought to the Graduate Council Meeting. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate:  NEW

Local Unit:  CNHS  
Graduate Council Approval Date:  
Course Abbreviation:  HSCI  
Course Number:  746

Full Course Title: Advance Seminar on Security

Abbreviated Course Title (24 characters max.): Seminar on Security

Credit hours:  3  
Program of Record: Health Science

Repeatable for Credit?  N=Cannot be repeated for credit

Activity Code (please indicate):  __X_ Lecture (LEC)

Catalog Credit Format  3 : 3 : 0  
Course Level: GF(700)
Maximum Enrollment:  20  
For NEW courses, first term to be offered: Fall 2005
Prerequisites or corequisites:  None

Catalog Description (35 words or less)  
Please use catalog format and attach a copy of the syllabus for new courses.

Describes new methods to manage and verify identity of patients and providers working within an organization. Includes both issues related to identity management in electronic domain as well as in physical domain. Includes discussion of continuity of care, referral process, recruitment of patients and follow up of clinic visits in the community. Includes emerging topics in health care security.

APPROVAL SIGNATURES:
Submitted by:  Farrokh Alemi  
email: falemi@gmu.edu

Department/Program:  
Date:  

College Committee:  
Date:  

Graduate Council Representative:  
Date:  


**Approval from other units:**

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Graduate Council approval: __________________________________________ Date: __________

Graduate Council representative: ______________________________________ Date: __________

Provost Office representative: __________________________ Date: __________
Proposed modified course: HSCI 746 (3: 3: 0)

Proposed Title: Advance Seminar on Security

Prerequisites or co-requisites:
Proposed Course Description: Describes new methods to manage and verify identity of patients and providers working within an organization. Includes both issues related to identity management in electronic domain as well as in physical domain. Includes discussion of continuity of care, referral process, recruitment of patients and follow up of clinic visits in the community. Includes emerging topics in health care security.

Course Objectives

1. Identify emerging topics in health care security and privacy
2. Discuss the value of new emerging security control tools
3. Analyze security and privacy insurance products
4. Articulate pro and con arguments for the impact of new security products on business processes and productivity
5. Explore the current role of security and privacy considerations in the society
6. Analyze the career life span and a day in the life of a Chief Compliance Officer
7. Examine managements’ role in securing health services
8. Examine effectiveness of tools for management patient and provider’s identity.