



# How Provider Relationships Create Risk: The Anti-Kickback Statute and the Stark Law

September 17, 2025 | 1:00-2:30 PM ET



*Presented by:*  
Christopher Frisina  
Alston & Bird

This webinar carries 1.5 CEUs toward the Certified Compliance Professional (CCP) and Certified Compliance Executive (CCE) credentials.



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Register at [healthethicstrust.com](https://healthethicstrust.com) or email your registration to [info@corporateethics.com](mailto:info@corporateethics.com)

## Registration

### Tuition

☐ HET Members: **FREE**   ☐ Alston Invitee: **FREE**   ☐ Non-Members: \$150

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### Membership

- ☐ (1) Year—Individual Membership w/Tuition Payment: \$200 (\$250 Savings)  
☐ (1) Year — Organizational Membership w/Tuition Payment: \$1,100 (\$350 Savings)

**TOTAL** \_\_\_\_\_

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### Three Ways to Register

1. **ONLINE** at [www.HealthEthicsTrust.com](http://www.HealthEthicsTrust.com) - safe, secure and encrypted.
2. **E-MAIL** your completed registration form to: [info@corporateethics.com](mailto:info@corporateethics.com)
3. **MAIL** your completed registration form to: *Health Ethics Trust, 7205 Regent Drive, Alexandria, VA 22307*

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### Cancellation Policy

*Registration for Health Ethics Trust courses is an agreement to pay the applicable course tuition. Tuition for cancellations two weeks prior to program is refunded less an administrative fee to be determined. Tuition for cancellation after the deadline is not refundable, but a credit toward tuition for a future Trust program (tuition less the administrative fee; must be used within 12 months) will be issued in some cases. Those who cancel after the deadline must still pay the tuition that they agreed to pay by registering for the course even if they have not yet paid their tuition at the time of cancellation. Cancellation Policy is strictly enforced.*

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### Registration Information:

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

### Payment Options:

**Total:** \_\_\_\_\_

Check/Money Order ☐

Credit Card Payment ☐

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

*If Billing Address is different, please place here.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_