

# HIPAA COMPREHENSIVE PRIVACY AND SECURITY TRAINING ASSESSMENT ANSWER SHEET

Please PRINT Name (Last Name, First):	ID No.:	Department:	Pay Location:
	Dept. :	Work Area:	Extension:

**Instructions:** Circle the letter for the answer you think is most correct:

1. a b
2. a b c d
3. a b c d
4. a b
5. a b
6. a b c d e
7. a b c d
8. a b c d e
9. a b
10. a b c d
11. a b
12. a b c d
13. a b c d e
14. a b
15. a b c d e
16. a b
17. a b c d e
18. a b c d
19. a b
20. a b c d

My signature indicates I reviewed the HIPAA Comprehensive Privacy And Security Self-study Guide and agree to comply with the HIPAA regulations.

\_\_\_\_\_  
Workforce Member Signature

\_\_\_\_\_  
Date

## HIPAA AND CONFIDENTIALITY OF DATA AND INFORMATION Study Questions

Select the best answer to each question. **DO NOT** write in the manual. Use the enclosed answer sheet on page 32.

1. The privacy rule applies to protected health information (PHI) in all forms including electronic, written, oral and any other form.
  - a. True
  - b. False
  
2. The patient's name, address, phone number, health insurance number, and social security number are all examples of what?
  - a. Patient identifiers
  - b. Protected Health Information
  - c. Information that may exist in written, electronic or oral form
  - d. All of the above
  
3. If an employee sees a FAX with patient information lying on a counter top, what should the employee do?
  - a. Read it to see if there is anything interesting in it
  - b. Throw it in a wastebasket since apparently it wasn't important
  - c. Read the name of the person it was sent to – without reading the rest of it – and deliver it to that person
  - d. None of the above
  
4. Discussing a patient's condition over the phone or in an open area of the care setting, with the patient, family, or another provider is allowed as long as reasonable efforts are made to protect the patient's privacy – such as using lowered voices or talking in an area apart from other people.
  - a. True
  - b. False
  
5. Patients have a right to access, inspect and copy their medical record except for some information like psychotherapy notes.
  - a. True
  - b. False
  
6. The Electronic Security Rule requires covered entities to do which of the following?
  - a. Protect the integrity, confidentiality and availability of paper documentation
  - b. Stop all electronic bank transactions
  - c. Keep all data confidential even if it is not electronic
  - d. Protect the integrity, confidentiality and availability of the electronic protected health information they collect, maintain, use or transmit
  - e. Convert all protected health information on paper to electronic PHI

7. Part of the HIPAA Security Rule requires that access to computers or computer systems containing electronic protected health information must be:
  - a. Restricted to authorized users
  - b. Available only in located rooms
  - c. Wherever space allows
  - d. Freely available to everyone
  
8. Physical safeguard requirements of the Security Standards include protection of a covered entity's:
  - a. Electronic information systems
  - b. Buildings and equipment related to electronic information systems
  - c. Patients
  - d. a and b above
  - e. a, b, and c above
  
9. Verification of the identity of the person or entity seeking access to electronic protected health information must be obtained.
  - a. True
  - b. False
  
10. Which government agency is accountable for oversight of the HIPAA Security Rule?
  - a. The Office for Civil Rights (OCR)
  - b. The National Institute of Health (NIH)
  - c. The Centers for Medicare and Medicaid Services (CMS)
  - d. None of the above
  
11. Both civil and criminal penalties can apply to workers and not just organizations.
  - a. True
  - b. False
  
12. Employees can maintain electronic security by:
  - a. Logging off the network terminal whenever leaving the computer station
  - b. Sharing passwords with coworkers
  - c. Posting passwords in common areas
  - d. Accessing information on the computer network for coworkers
  
13. Which is an example of wrongfully using or disclosing protected health information?
  - a. A life insurance company using it to deny life or disability coverage
  - b. Employer using it as the reason for hiring or firing a person
  - c. Nosy neighbors who want to gossip about the person
  - d. Giving it to a reporter without the patient's authorization
  - e. All of the above
  
14. All people in a provider's workforce – regardless of their duties or job description – have a responsibility to protect patient health information.
  - a. True
  - b. False

15. The term "protected health information" includes which of the following?
- a. Medical records
  - b. Insurance claim information
  - c. Payment information
  - d. All of the above
  - e. None of the above
16. Protected health information may only be used for purposes of treatment, payment and health care operations.
- a. True
  - b. False
17. Which of the following is true of addressable specifications?
- a. If the specification is reasonable and appropriate for the organization, it must be implemented
  - b. If the specification is unreasonable -- but the standard cannot be met without some safeguarding mechanism -- then another mechanism must be implemented that meets the standards
  - c. If the specification is not reasonable or appropriate for its unique setting, the standard is met by documenting the reasons
  - d. Addressable standards are always optional and do not have to be met
  - e. a, b, and c above
18. When the Security Rule indicates that an implementation specification is required, it means that \_\_\_\_\_.
- a. The organization must address it only if it applies
  - b. The organization must explain why it was not addressed and then will be excused from addressing it
  - c. The specification must be implemented and cannot be determined to be unreasonable or inappropriate for the organization
  - d. None of the above
19. Physical safeguard measures include protections from natural or environmental hazards and unauthorized intrusion.
- a. True
  - b. False
20. An organization's notice to patients on its privacy practices (Notice of Privacy Practices) must include:
- a. Information on how to file complaints with the organization or with the Department of Health and Human Services
  - b. Identification of a contact person who can provide additional information
  - c. A description of how the organization will notify patients if its privacy practices change
  - d. All of the above

**HIPAA COMPREHENSIVE PRIVACY AND SECURITY ASSESSMENT  
CHECK YOUR ANSWERS TO THE STUDY QUESTIONS**

**Answers to Study Questions**

1.	a	9.	a	17.	e
2.	d	10.	c	18.	c
3.	c	11.	a	19.	a
4.	a	12.	a	20.	d
5.	a	13.	e		
6.	d	14.	a		
7.	a	15.	d		
8.	d	16.	a		

Congratulations, if you answered all of the questions correctly. If you missed 1 or more, read the content again and repeat the study guide questions.