

# Mindful Continuing Education

## Summarizing the HIPAA Privacy Rule

**1. \_\_\_\_\_ is a federal law establishing national standards to protect patient health information from being disclosed without their knowledge**

- A. HIPAA
  - B. The Privacy Rule
  - C. The Security Rule
  - D. The Breach Rule
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**2. \_\_\_\_\_ sets national standards for protecting individually identifiable health information.**

- A. HIPAA
  - B. The Privacy Rule
  - C. The Security Rule
  - D. The Breach Rule
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**3. Health Plans include all except**

- A. health insurance companies
  - B. health maintenance organizations
  - C. community health centers
  - D. Medicare
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**4. Billing services & Community health management information systems are examples of**

- A. business associates
  - B. health maintenance organizations
  - C. health care clearinghouses
  - D. value-added networks
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**5. Healthcare providers are covered entity**

- A. if they have more than 3 employees
  - B. if they have more than 50 patients
  - C. if they hire a third-party to process their claims
  - D. if they submit transactions of health information electronically
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**6. A covered entity that uses a business associate to assist in the daily operations of their healthcare activities is required to**

- A. have a verbal agreement the business associate will safeguard the PHI they access
  - B. have a written business associate contract
  - C. have a list of what functions the business associate will complete for the covered entity
  - D. a guarantee they will only use the minimum necessary PHI
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**7. Protected health information includes all except**

- A. a person's health condition
  - B. a person's health care treatment
  - C. a person's payment for healthcare
  - D. a person's physical for employment
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**8. An example of a required disclosure of PHI is**

- A. when a person requests access to their PHI
  - B. when a person is a victim of abuse
  - C. when a person completes a physical for pre-employment
  - D. HHS compliance review
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**9. An example of permitted disclosure of PHI is**

- A. when a person requests access to their PHI
  - B. when a person is a victim of abuse
  - C. when a person completes a physical for pre-employment
  - D. for marketing purposes
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**10. A covered entity may not request an entire medical record unless it can specifically justify the need for the entire record is part of the \_\_\_\_\_ standard.**

- A. disclosure accounting
  - B. request restriction
  - C. minimum necessary
  - D. reasonable reliance
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**11. A privacy practice notice must include all except**

- A. describe how the covered entity will use and disclose PHI
  - B. describe the individual's rights
  - C. describe how the individual may file a complaint
  - D. describe how a client can access their psychotherapy notes
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**12. A privacy practice notice must be distributed as follows except**

- A. prior to at the time of the first encounter
  - B. posted in every service delivery location
  - C. as soon as possible after an emergency situation
  - D. to the personal representative in an emergency situation
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**13. Covered entities have the right to deny an individual the right to access their records if they believe it could cause harm, the individual has the right**

- A. to request a second opinion of the denial
  - B. file a complaint to HHS
  - C. file a complaint with the covered entity
  - D. offer a payment for costs of copies and postage
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**14. When a covered entity completes an amendment request from an individual**

- A. they should update their business associates
  - B. they should make efforts to provide the amendment to the people the individual has identified as needing it.
  - C. they should complete a disclosure accounting list
  - D. they should file and save the amendment
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**15. Patients have the right to know who the covered entity has disclosed their PHI to, this is called**

- A. authorization request
  - B. standard healthcare operations
  - C. disclosure accounting
  - D. restrictions request
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**16. Covered entities are required to maintain the following data safeguards except**

- A. technical
  - B. physical
  - C. administrative
  - D. incidental
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**17. If a covered entity has reasonable belief a personal representative may be abusing the individual**

- A. they are exempt from disclosing PHI
  - B. they are still required to disclose PHI
  - C. they are mandated reporters and must report the abuse
  - D. they must abide by their state law mandates regarding disclosure of PHI
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**18. If state laws are contrary to the Privacy Rule**

- A. state laws overrule the Privacy Rule
  - B. state laws overrule federal requirements
  - C. federal requirements overrules state law
  - D. it is at the discretion of the covered entity which requirement to follow
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**19. Failure to comply with the Privacy Rule can lead to civil money penalties imposed by**

- A. Health and Human Services
  - B. Office of Civil Rights
  - C. Justice Department
  - D. Attorney General
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**20. Failure to comply with the Privacy Rule can lead to criminal penalties including fines and imprisonment. These are imposed by**

- A. Health and Human Services
  - B. Office of Civil Rights
  - C. Justice Department
  - D. Attorney General
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