

# Mindful Continuing Education

## Summary of the HIPAA Privacy Rule

**1. The U.S. Department of Health and Human Services ("HHS") issued the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Rule to:**

- A. Address the use and disclosure of individuals' health information, known as "confidential personal information" by organizations subject to the privacy rule
  - B. To assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being
  - C. To strike a balance between firmly protecting privacy and providing inclusive and flexible coverage of needed health disclosures
  - D. None of the above
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**2. The Privacy Rule, as well as all the Administrative Simplification rules, apply to health plans, \_\_\_\_\_, and to any health care provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA.**

- A. Government funded services such as food stamp programs
  - B. Health maintenance organizations and worker's compensation entities
  - C. Community health care centers
  - D. Health care clearinghouses
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**3. Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity subject to the Privacy Rule.**

- A. True
  - B. False
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**4. Health information that neither identifies nor provides a reasonable basis to identify an individual is called undesignated health communication.**

- A. True
  - B. False
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**5. Health care operations include coordination and management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.**

- A. True

B. False

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**6. Professionals may exercise their best judgment to determine if the use of information without the individual's permission is in the best interest of the person under each of the following circumstances EXCEPT:**

- A. If the individual is incapacitated
  - B. If the individual is involved in an emergency situation
  - C. If permission is granted by the individual's spouse or partner
  - D. If the person is not available
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**7. Which of the following is NOT one of conditions in which covered entities may disclose protected health information to law enforcement officials for law enforcement purposes?**

- A. As required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests
  - B. To identify or locate a suspect, fugitive, material witness, or missing person
  - C. In response to a law enforcement official's request for information about a victim or suspected victim of a crime
  - D. To alert law enforcement of an individual's death, regardless of the cause of death
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**8. An authorization is not required to use or disclose protected health information for certain essential government functions, such as assuring proper execution of a military mission and conducting intelligence and national security activities that are authorized by law.**

- A. True
  - B. False
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**9. A covered provider may use or disclose psychotherapy notes without an individual's authorization if those notes are being used for disclosures to a life insurer for coverage purposes, or disclosures to an employer of the results of a pre-employment physical.**

- A. True
  - B. False
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**10. Covered entities must establish and implement policies and procedures for \_\_\_\_\_ disclosures that limit the protected health information disclosed to that which is the minimum amount reasonably necessary to achieve the purpose of the disclosure.**

- A. Standard and reasonable
  - B. General and limited
  - C. Routine and recurring
  - D. Fixed and designated
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**11. Each entity must provide a notice of its privacy practices by personal delivery no later than the second face-to-face encounter or by postage delivery within a week of the initial encounter.**

- A. True
  - B. False
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**12. The covered health care provider must document the reason for any failure to obtain the patient's written acknowledgment, but the provider is relieved of the need to request acknowledgment in an emergency treatment situation.**

- A. True
  - B. False
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**13. HHS recognizes that covered entities range from the smallest provider to the largest multi-state health plan and that what is appropriate and needed for a particular covered entity will depend on:**

- A. The nature of the covered entity's business
  - B. The covered entity's size
  - C. The resource of the entity
  - D. All of the above
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**14. The Privacy Rule permits an entity to make an exception in acknowledging a personal representative (someone who is legally authorized to make health care decisions on another's behalf) when there is reasonable belief that the representative may be abusing or neglecting the individual.**

- A. True
  - B. False
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**15. HHS may impose civil money penalties on a covered entity of \_\_\_\_\_ per failure to comply with a Privacy Rule requirement, and that penalty may not exceed \_\_\_\_\_ per year for multiple violations of the identical Privacy Rule requirement in a calendar year.**

- A. \$200; \$35,000
  - B. \$150; \$30,000
  - C. \$100; \$25,000
  - D. \$50; \$20,000
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