



HIPAA PRIVACY IN-SERVICE TEST

1. The acronym HIPAA stands for:
 - a. health information and privacy act association.
 - b. health, insurance, portability and accountability act.
 - c. hospitalization information privacy and accountability act.
 - d. health information portability and accountability association.

2. Patient complaints must first be filed with the Privacy Officer.
 - a. True ____
 - b. False ____

3. Protected health information (PHI) is:
 - a. any information related to a patient's past, present, or future physical or mental condition.
 - b. health information about an individual in any form.
 - c. health information that identifies the individual.
 - d. all of the above.

4. Patients are informed of their privacy rights and how to exercise them:
 - a. each time they have contact with anyone from the agency.
 - b. when they are upset with the care being provided to them.
 - c. in the agency's Notice of Privacy Practices.
 - d. all of the above.

5. Protected health information (PHI) can ONLY be given out after obtaining written authorization.
 - a. True ____
 - b. False ____

6. If a patient wants to request a restriction on the disclosure of his/her protected health information (PHI).
 - a. I have to agree to it
 - b. It must be in writing
 - c. Can be retroactive to cover information already released
 - d. The patient can not restrict disclosure of his PHI

7. Staff must be trained:
 - a. Annually
 - b. Initially
 - c. Once is enough, and it doesn't matter when
 - d. A and B

8. All new patients are required to receive a copy of the agencies "Notice of Privacy Practices".

- a. True _____
- b. False _____

9. The agency privacy policies and procedures:

- a. reflect the information provided in the Notice of Privacy Practices.
- b. detail how the agency complies with the requirements of the Privacy Rule.
- c. are available to all staff members to refer to as needed.
- d. all of the above.

10. The goal of HIPAA is to ensure that clients' medical records are accessible to those who need them and protected from those who don't.

- a. True _____
- b. False _____

HIPAA Privacy Training Employee Certification Statement

I, _____, certify that I have received training related to the HIPAA Privacy Rule. In addition, my signature indicates that I understand my obligation, as an employee of Putnam County Department of Health to abide by PCDOH Privacy Practices, comply with Federal and State Laws and report any privacy breaches I discover or witness to the Privacy Officer.

Employee Signature

Date