

# **#3 Training Module Quiz** **Privacy Safeguards (Ver. 1.0)**

NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

DEPARTMENT:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Public Health  | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Auditor           | <input type="checkbox"/> County Counsel | <input type="checkbox"/> Administration  |
| <input type="checkbox"/> County IS         |   |  |

PROGRAM and/or UNIT: \_\_\_\_\_

DATE: \_\_\_\_\_

**Scoring Information:**

The mandatory minimum passing score is 75%. Each question is valued at 5 points. If a staff member scores lower than 75%, they will need to review the corresponding training module and retake the quiz.

1. Guidelines for understanding and implementing the HIPAA Privacy Rule are available:
  - a. In the County's Outlook Public Folder entitled "HIPAA."
  - b. From a covered department's Privacy Coordinator.
  - c. From the County Compliance Officer.
  - d. From all of the above.
  
2. PHI stands for:
  - a. Personal Health Information
  - b. Protected Health Information
  - c. Private Health Information
  - d. Portable Health Information
  
3. Cellular phones provide a sufficient safeguard for oral communications:
  - a. True
  - b. False
  
4. The HIPAA Privacy Rule strictly prohibits the faxing of patient medical information between physicians' offices:

- a. True
  - b. False
5. Which of the following is *not* a correct statement:
- a. Reasonable efforts shall be made to ensure that fax transmissions are sent to the correct destination.
  - b. Frequently used numbers shall be preprogrammed into fax machines or computers to avoid misdialing errors.
  - c. Fax machines must have, at a minimum, a pass code requirement to allow use by only authorized individuals.
  - d. Preprogrammed numbers shall be verified on a routine basis.
  - e. The numbers of *new* recipients must be verified prior to transmission.
6. Which of the following is *not* a correct statement:
- a. Fax machines must be located in secure areas not readily accessible to visitors and patients.
  - b. Incoming faxes containing PHI shall not be left sitting on or near the machine.
  - c. Fax machine confirmation for faxes containing PHI shall be reviewed to ensure the intended destination matches the number on the confirmation.
  - d. Fax machines must have a cover placed over them to prevent others from viewing incoming faxes that may contain PHI.
  - e. All instances of misdirected faxes containing PHI must be reported on a County Privacy Incident Report (PIR) following the procedures outlined in the PIR form.
7. Documents containing PHI may be mailed within the County's intra-mail system if the following minimum safeguards are put in place:
- a. The documents may be placed inside an unsealed courier envelope.
  - b. The documents must be placed in a sealed envelope first then placed in the courier envelope, and it should be marked as confidential.
  - c. all of the above
  - d. none of the above
8. Appointment reminders may be mailed to clients on a "postcard"-type of mailer.
- a. True
  - b. False

9. Which of the following statements is true:
- The HIPAA Privacy Rule requires that records be maintained by a covered health care entity for at least 6 years.
  - California law requires County health care departments to maintain records for at least 7 years.
  - None of the above.
  - All of the above.
10. Which of the following statements is true:
- Paper records and medical charts must be stored or filed in such a way as to avoid access by unauthorized persons. Some type of physical barrier shall be used to protect paper records from unauthorized access.
  - Paper records and medical charts on desks, counters or treatment areas must be placed faced down or concealed to avoid access by unauthorized persons.
  - Paper records shall be secured when the office is unattended by persons authorized to have access to paper records.
  - All of the above are true.
  - Only A and C are true.
11. Which of the following statements is true:
- Paper records and medical charts shall not be removed from County premises unless necessary to provide care or treatment to a patient or required by law.
  - Any paper records and medical charts removed from County premises must be checked out according to the Department's internal policies and procedures and shall be returned as quickly as possible.
  - Paper records and medical charts that are removed from County premises must not be left unattended in places where unauthorized persons can gain access.
  - Paper records and medical charts must not be left in unlocked automobiles or in view of passers-by.
  - All of the above.
12. The theft or loss of any paper record or medical chart must be reported to the County Compliance Officer and the Department Privacy Coordinator on a Privacy Incident Report (PRI) form.
- True
  - False
13. To prevent unauthorized access to computer monitors that might regularly or occasionally display PHI:
- monitors should be positioned away from common areas

- b. a privacy screen should be used
  - c. unattended computer screens should be returned to the main menu or have a password protected screensaver
  - d. all of the above
14. Sending PHI through e-mail should be avoided whenever possible.
- a. True
  - b. False
15. Which of the following is *not* an acceptable safeguards when the e-mail transmission of PHI is absolutely necessary?:
- a. Confirming an address prior to sending the e-mail with PHI.
  - b. The use of a banner at the *top* of the e-mail message stating something to the effect of: “This is a CONFIDENTIAL medical communication. If you have received this e-mail in error please notify sender, do not read further and please destroy.
  - c. The use of distribution lists to multiple users even though the Department cannot provide and document technical protections against incident disclosures.
  - d. Double-checking all address fields prior to sending messages, including “to,” “cc” and “bcc.”
16. An oral (spoken) request from a client to communicate with them by email is sufficient for a staff member to use that method of communication.
- a. True
  - b. False
17. Which of the following is *not* necessary to include in a patient’s written authorization to communicate with them by e-mail?:
- a. Instructions or guidelines for when and how to escalate to phone calls and office visits rather than an e-mail.
  - b. Instructions on how to encrypt e-mail.
  - c. Indemnification of the County (clause stating it is not our fault and/or the client accepts the risk) for information loss due to technical failures.
  - d. Information to the client that the e-mail communication is included as part of the medical record.
  - e. Instructions for use of e-mail options requesting a return receipt to confirm that the e-mail was received.

18. An e-mail communication used in a clinical setting constitutes a form of progress note or encounter documentation that (in the absence of an electronic patient record that allows inclusion of e-mail messages) must be printed in full and placed in the patient's record.
- a. True
  - b. False
19. Which of the following is never acceptable to leave in a message left on an answering machine:
- a. The caller's name.
  - b. The caller's phone number.
  - c. The minimum necessary information to request that the client return the phone call if necessary.
  - d. Test results.
  - e. All of the above.
20. If you have questions regarding the County's Privacy Policy & Procedures and HIPAA Implementation Guidelines and forms, you should contact:
- a. Your supervisors.
  - b. Your Department's Privacy Coordinator.
  - c. The County Compliance Officer
  - d. Any of the above.

**SCORING:**

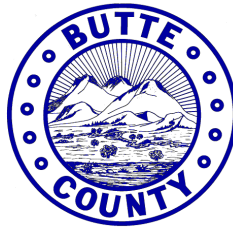
*0 to 5 incorrect* – Satisfies training requirement for this module.

*More than 5 incorrect* – The staff member must redo the training module and the quiz. They should review their incorrect answers with the Department Privacy Coordinator or County Compliance Officer.

**BE SURE TO SIGN THIS QUIZ ON THE FOLLOWING PAGE BEFORE SUBMITTING.**

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**PLEASE CONTINUE FOR TRAINING CERTIFICATION PAGE.**



## HIPAA Training Certification

**EMPLOYEE SIGNATURE:**

I certify that I have reviewed County HIPAA Training Module #3.

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Signature of Employee

To be completed when the quiz is scored:

**PRIVACY COORDINATOR OR COUNTY COMPLIANCE OFFICER SIGNATURE:**

I certify that the employee has reviewed the above noted training module and satisfactorily completed the corresponding HIPAA quiz (scoring 75% or higher).

\_\_\_\_\_  
Print Name of County Compliance Coordinator

\_\_\_\_\_  
Signature

If applicable, note the questions reviewed with the employee: \_\_\_\_\_

Complete and return original to:

County of Butte Compliance Officer  
25 County Center Dr.  
Oroville, CA 95965