

#2 Training Module Quiz **Uses and Disclosures (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. PHI stands for:
 - a. Personal Health Information
 - b. Protected Health Information
 - c. Private Health Information
 - d. Portable Health Information

2. 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.

3. Which of the following disclosures are *required* under HIPAA?:
 - a. Disclosures to the DHHS Office of Civil Rights to investigate complaints.
 - b. Disclosures to spouses and registered domestic partners.
 - c. Disclosures to patients except for legally recognized exceptions to prevent harm.
 - d. Both a and b.
 - e. Both a and c.

4. Which of the following are the types of uses and disclosures permitted under HIPAA?:
 - a. Treatment, Payment, Health Care Operations (TPO)
 - b. Incidental disclosures
 - c. Authorized disclosures
 - d. All of the above
 - e. None of the above

5. Even though HIPAA's Privacy Regulations do not require authorizations for TPO disclosures, providers may still require an authorization before disclosing.:
 - a. True
 - b. False

6. Treatment generally means the provision, coordination, or management of health care and related services.....:
 - a. Among health care providers
 - b. By a health care provider with a third party such as a health plan
 - c. Or the referral of a patient from one health care provider to another
 - d. All of the above
 - e. None of the above

7. Which of the following is an example of a permitted disclosure for treatment under HIPAA?:
 - a. A hospital sending a patient's health care instructions to a nursing home to which the patient is referred.
 - b. A physician disclosing information to a patient's friends and relatives who will be checking in on the patient at home if the patient does not object.
 - c. All of the above.
 - d. None of the above.

8. Which of the following is an example of a permitted disclosure for treatment under HIPAA?:
 - a. A physician sharing information about an individual's condition with a laboratory performing tests on the individual.
 - b. A primary care provider sending a copy of an individual's medical record to a specialist who needs the information to treat the individual.
 - c. All of the above.
 - d. None of the above.

9. HIPAA's Privacy Regulations create a floor, or a mandatory minimum level, for privacy protection. Other State and/or Federal laws may impose requirements that are more stringent under certain circumstances, such as for the sharing of alcohol and drug information:
- True
 - False
10. Protected Health Information (PHI) can be defined as any information, whether oral or recorded in any form or medium, that:
- A health care provider, health plan, public health authority, or health care clearinghouse creates or receives;
 - Relates to the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual;
 - Identifies the individual or there is a reasonable basis to believe that the information could be used to identify the individual, including demographic information (name, address, DOB, SSN, payment history, account number, etc.);
 - Can be transmitted or maintained electronically, *or in any other form or medium.*
 - All of the above.
11. Which of the following are permitted disclosures for payment:
- Disclosing information necessary to determine eligibility or coverage under a plan and adjudicating claims.
 - Disclosing information necessary to determine eligibility or coverage under a plan and adjudicating claims, and any other information contained in that patient's file even if it is not relevant to the eligibility or coverage determination.
 - All of the above.
 - None of the above.
12. An example of a permitted disclosure for the purpose of Health Care Operations is the conducting of training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers:
- True
 - False
13. The HIPAA Privacy Regulation that permits a disclosure even without an authorization for purposes of TPO can be followed even when a more stringent privacy protections exist, such as those under alcohol and drug laws :
- True
 - False

14. Which of the following is an example of a disclosure required by law?:
- a. Disclosure of PHI to a patient's spouse.
 - b. Reporting of suspected abuse or neglect of children.
 - c. Reporting of suspected abuse, neglect, domestic violence or criminally injurious conduct against adults.
 - d. A and B
 - e. B and C
15. In addition to permitted and required disclosures, a health care provider may disclose other PHI that _____:
- a. has already been disclosed.
 - b. has been expressly authorized by the client.
 - c. does not seem to be particularly sensitive.
 - d. All of the above.
 - e. None of the above.
16. County health care staff members may disclose PHI based on an authorization if:
- a. The authorization is provided by the patient on an approved County authorization form or another entity's form that contains all the required HIPAA elements.
 - b. The authorization is provided by the patient on a form from another County, medical organization, or physician even if the form does not meet all the requirements under HIPAA.
 - c. The authorization is provided by the spouse of a patient and all they need to provide is a copy of their marriage certificate.
 - d. All of the above.
17. A County health care or other designated department must mitigate, to the extent practicable, any known harmful effect of a use or disclosure of PHI in violation of the HIPAA Privacy Regulations and the County's Privacy Policy and HIPAA Implementation Guidelines.
- a. True
 - b. False
18. If a staff member is aware of an improper disclosure of PHI, a Privacy Incident Report is not necessary but may be completed at their discretion:
- a. True
 - b. False

19. Which of the following is true regarding a Privacy Incident Report:
- a. Staff members shall report any incident of improper use or disclosure of PHI to their Supervisor.
 - b. Supervisors, in coordination with their department's Privacy Coordinator, shall complete a Privacy Incident Report.
 - c. The Privacy Coordinator shall provide a copy of the Privacy Incident Report to the County Compliance Officer.
 - d. B and C
 - 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.

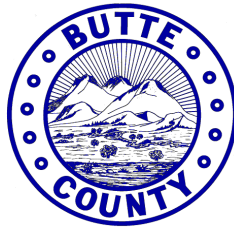
SCORING:

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.

THIS PAGE INTENTIONALLY LEFT BLANK
PLEASE CONTINUE TO TRAINING CERTIFICATION PAGE.



HIPAA Training Certification

EMPLOYEE SIGNATURE:

I certify that I have reviewed County HIPAA Training Module #2.

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 Officer

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