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MULTIPLE CHOICE

1. The focus on the health care practice setting and reducing administrative costs and burdens are the goals of
   a. HIPAA Title I Insurance Reform.
   b. HIPAA Title II Administrative Simplification.
   c. HIPAA Security Rule Administrative Safeguard.
   d. HIPAA Security Rule Technical Safeguard.

   ANS: B DIF: Moderate REF: 18 OBJ: 3

2. The Office of Civil Rights enforces
   a. code set requirements.
   b. insurance portability.
   c. privacy and security rules.
   d. HIPAA transactions.

   ANS: C DIF: Hard REF: 18 OBJ: 4

3. Confidential information includes
   a. everything that is heard about a patient.
   b. everything that is read about a patient.
   c. everything that is seen regarding a patient.
   d. all are correct.

   ANS: D DIF: Moderate REF: 23 OBJ: 7

4. What is the correct response when a relative calls asking about a patient?
   a. Document the name of the relative and his or her relationship to the patient before disclosing any information.
   b. Ask the relative to put the request in writing and include the patient's signed authorization.
   c. Have the physician return the telephone call.
   d. None are correct.

   ANS: C DIF: Hard REF: 25 | 27 OBJ: 7

5. Non-privileged information about a patient consists of the patient's
   a. city of residence.
   b. diagnosis.
   c. illness.
   d. treatment.

   ANS: A DIF: Easy REF: 23 OBJ: 8

6. Confidentiality is automatically waived in cases of
   a. gunshot wounds.
   b. child abuse.

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c. extremely contagious diseases.
d. all are correct.

ANS: D DIF: Moderate REF: 24-25 OBJ: 7

7. What is the best response when telephoning a patient about an insurance matter and the patient's voice mail is reached?
   a. Use care in the choice of words when leaving the message.
   b. Do not leave a message.
   c. Leave a complete message so that the patient will know why you called and be able to call you back and respond to anyone in the office.
   d. Leave your name, the practice's name, and the practice's telephone number, but do not leave any other information.

   ANS: A DIF: Hard REF: 27 OBJ: 10

COMPLETION

1. "What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about," is attributed to _____.

   ANS: Hippocrates

   DIF: Easy REF: 20 OBJ: 5

2. Non-privileged information consists of ordinary _____ unrelated to the treatment of the patient.

   ANS: facts

   DIF: Easy REF: 23 OBJ: 8

3. Telephone conversations by providers in front of patients should be _____.

   ANS: avoided

   DIF: Easy REF: 35 OBJ: 10

MATCHING

Match the positions below with the description of that person or entity.
a. Health care provider
b. Clearinghouse
c. Covered entity
d. Business associate
e. Privacy officer, privacy official

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1. Individual who is designated to help a provider remain in compliance by setting policies and procedures in place, train staff regarding HIPAA Privacy guidelines, and act as the contact person for questions and complaints.
2. A health care coverage carrier, clearinghouse, or physician who transmits health information in electronic form in connection with a transaction covered by HIPAA.
3. Individual who renders medical services, furnishes bills, or is paid for health care in the normal course of business.
4. Third-party administrator who receives insurance claims from the physician's office, performs edits, and redistributes the claims electronically to various insurance carriers.
5. Individual who is hired by a medical practice to process claims to a third-party payer.

1.	ANS: E	DIF:	Moderate	REF:	19	OBJ:	21
2.	ANS: C	DIF:	Moderate	REF:	18	OBJ:	9
3.	ANS: A	DIF:	Moderate	REF:	19	OBJ:	9
4.	ANS: B	DIF:	Moderate	REF:	19	OBJ:	9
5.	ANS: D	DIF:	Moderate	REF:	19	OBJ:	9

SHORT ANSWER

1. Explain when a physician's office would be considered a "covered entity."

   ANS:
   If the physician's office transmits protected health information electronically.

   DIF: Moderate REF: 19 OBJ: 3

2. Explain the difference between use and disclosure under HIPAA Privacy Rules.

   ANS:
   Use is the sharing, application, and examination of analysis of information within an organization that holds it. Disclosure is the release, transfer, and provision of access to, or divulging of, information outside of the entity holding the information.

   DIF: Moderate REF: 20 | 21 OBJ: 6

3. List the six federal rights that patients are granted under the HIPAA Privacy Rules which allow them to be informed about PHI and to control how their PHI is used and disclosed.

   ANS:
   Right to notice of privacy practices; right to request restrictions on certain uses and discourses of PHI; right to request confidential communications; right to access PHI; right to request an amendment of PHI; right to receive an accounting of disclosures of PHI.

   DIF: Moderate REF: 27-28 OBJ: 9

4. Since April 14, 2003, when privacy regulations became enforceable, providers are required to document which four things?

   ANS:

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Date of disclosure; name of entity or person who received PHI including the address; brief description of the PHI disclosed; brief statement of the purposes of the disclosure.

DIF: Moderate REF: 28 OBJ: 11

5. List three things that can be done to avoid having a patient hear confidential information regarding other patients.

   ANS:
   Any three of the following: privacy glass at the front window; have conversations away from the area where patients are present; move dictation stations away from the patient areas; wait to dictate until no patients are present; avoid telephone conversations in front of patients.

   DIF: Hard REF: 35 OBJ: 10

6. The security rule that addresses electronic protected health information is divided into which three main sections?

   ANS:
   Administrative safeguards, technical safeguards, and physical safeguards.

   DIF: Easy REF: 30 OBJ: 12

TRUE/FALSE

1. Under HIPAA guidelines, an outside billing company that manages claims and accounts for a medical clinic is known as a covered entity.

   ANS: F DIF: Moderate REF: 18 OBJ: 3

2. Under HIPAA guidelines, a chiropractor or dentist's office would never be considered a covered entity.

   ANS: F DIF: Easy REF: 18 OBJ: 3

3. To give, release, or transfer information to another entity is called consent.

   ANS: F DIF: Easy REF: 21 OBJ: 6

4. A HIPAA compliance exception to the right of privacy and privileged communication is a patient's records pertaining to his or her industrial accident case.

   ANS: T DIF: Moderate REF: 25 OBJ: 5

5. Confidentiality between the physician and the patient is automatically waived when the patient is being treated in a workers' compensation case.

   ANS: T DIF: Moderate REF: 25 OBJ: 7

6. Notes, papers, and memos regarding patient information should be disposed of using a shredding device.

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ANS: T DIF: Easy REF: 27 OBJ: 10

7. A patient has the right to obtain a copy of his or her confidential health information.

ANS: T DIF: Easy REF: 27 OBJ: 9

8. The HITECH Act replaced the HIPAA privacy laws.

ANS: F DIF: Moderate REF: 32 OBJ: 14

9. Disclosing PHI as authorized by the laws relating to workers' compensation does not require a signed authorization.

ANS: T DIF: Moderate REF: 22 OBJ: 7

10. The Office of Civil Rights' (OCR) mission is to protect the integrity of the Medicare and Medicaid programs.

ANS: F DIF: Moderate REF: 18 OBJ: 4

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