

Remote Assessment - Google Chrome

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Assessment

Question Paper View Instruction

Group 1 i

Sections Time Left : 25:03

Sec A i

Marks for correct answer 1 | Negative Marks 0

Who is responsible for enforcing HIPAA?

The police

HHS Office of Civil Rights (OCR)

CMS

Attorney General

Answered 7 Not Answered 1

Not Visited 27 Marked for Review 0

Answered & Marked for Review (will not be considered for evaluation) 0

Sec A

Choose a Question

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20

Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections

Time Left : 24:41

Sec A i

Marks for correct answer 1 | Negative Marks 0

Who enforces the Administrative Simplification requirements?

CMS

HHS Office of Civil Rights (OCR)

Department of Justice

Private Citizens

8 Answered 1 Not Answered

26 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Harish S

Sec A

Choose a Question

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9	10	11	12
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Mark for Review & Next

Clear Response

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Question Paper View Instruction

Group 1 i

Sections

Time Left : 24:34

Sec A i

Marks for correct answer 1 | Negative Marks 0

What is the maximum penalty for a HIPAA violation?

\$50 per violation

\$100 per violation

\$1.15 million per violation

\$1.5 million maximum per year

9 Answered 1 Not Answered

25 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Question Paper View Instruction

Group 1 i

Sections Time Left : 24:27

Sec A i

Marks for correct answer 1 | Negative Marks 0

When must an individual be notified of breach of their PHI?

Immediately - Covered entities must immediately provide affected individuals notice in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically

When the breach affects more than 500 people

When the breach was not announced in the media

There was no harm done to the individual

Harish S

10 Answered 1 Not Answered

24 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Group 1 i

Sections Time Left : 24:20

Sec A i

Marks for correct answer 1 | Negative Marks 0

What are the key elements of HIPAA Administrative Safeguards?

a) Electronic transaction Standards
b) Code sets
c) Unique identifiers
d) Operating Rules

a), b) and d)
 b) and c)
 a), b), c) and d)
 c), d) and a)

11 Answered 1 Not Answered
23 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Group 1 i

Sections Time Left : 24:00

Sec A i

Marks for correct answer 1 | Negative Marks 0

What makes up the components of HIPAA?

HIPAA

Omnibus Rule

HITECH

All of the Option

12 Answered 1 Not Answered

22 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections Time Left : 23:43

Sec A i

Marks for correct answer 1 | Negative Marks 0

What are the purposes of the HIPAA Transaction Code Set Standards and Rules?

To standardize the electronic exchange of patient-identifiable, health-related information

Allow information to be shared electronically in consistent ways

Improve the efficiency and effectiveness of the nation's health care system

All of the Option

13 Answered 1 Not Answered

21 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Group 1 i

Sections

Time Left : 23:13

Sec A i

Marks for correct answer 1 | Negative Marks 0

What is NOT included in the 8 Standard HIPAA Transactions?

Payment and remittance advice

Eligibility

Telephone voice response

Claims and encounter information

14 Answered 1 Not Answered

20 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Group 1 i

Sections

Time Left : 22:56

Sec A i

Marks for correct answer 1 | Negative Marks 0

What are examples of PHI?

a) Health Trackers
b) De-identified personal information
c) IP Address
d) Patient's Social Security Number

c) and d)
 a) and c)
 b) and d)
 b) and c)

15 Answered 1 Not Answered
19 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Group 1 i

Sections Time Left : 22:38

Sec A i

Marks for correct answer 1 | Negative Marks 0

In Research Studies personal information is not considered to be PHI if:

a) The data are not associated with or derived from a healthcare service event (treatment, payment, operations, medical records)
b) The research study is not published
c) The data are not entered into the medical records
d) The research study is public information

a) and b)
 d) and c)
 a) and c)
 a) and d)

16 Answered 1 Not Answered
18 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

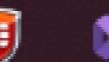
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Group 1 i

Sections Time Left : 22:18

Sec A i

Marks for correct answer 1 | Negative Marks 0

HIPAA training is a federal requirement for all covered entities and associates. How often should training be required?

a) Upon hire
b) Retrain annually or as needed basis
c) Every 5 years

a) and c)
 a) and b)
 b) and c)

17 Answered 1 Not Answered
17 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Group 1 i

Sections Time Left : 21:55

Sec A i

Marks for correct answer 1 | Negative Marks 0

Which of the following is NOT a patient right under HIPAA's Privacy Rule?

Patient right to ask/see/get a copy of their health records

Patient right to have corrections added to their health information

Patient right to request that the healthcare entity issue them an in-depth technical report of the breach, if there is a breach

Patient right to be notified of how their health information is used/shared

18 Answered 1 Not Answered

16 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

13	14	15	16
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Group 1 i

Sections Time Left : 21:25

Sec A i

Marks for correct answer 1 | Negative Marks 0

The "minimum necessary" rule refers to:

- A minimal quota of patients to serve by a clinic within a calendar month
- The understanding that healthcare employees must only look at patient's PHI on as-needed basis
- The minimum amount of days that must pass between changing company computer passwords

19 Answered 1 Not Answered
15 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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16:36



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Group 1 i

Sections Time Left : 21:03

Sec A i

Marks for correct answer 1 | Negative Marks 0

The Minimum Necessary Standard does not apply to:

- Disclosures to or requests by a health care provider for treatment purposes
- Disclosures to the individual who is the subject of the information
- Uses or disclosures made pursuant to an individual's authorization
- All of the Option

20 Answered 1 Not Answered

14 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Group 1 i

Sections

Time Left : 20:42

Sec A i

Marks for correct answer 1 | Negative Marks 0

What is TPO with regards to HIPAA?

Treatment, Privacy, Operations

Temporary Privacy Order

Treatment, Payment and Healthcare Operations

Time, Place, Occasion

21 Answered 1 Not Answered

13 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

17 18 19 20

21 22 23 24

25 26 27 28

29 30 31 32

33 34 35

Mark for Review & Next

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Group 1 i

Sections Time Left : 20:27

Sec A i

Marks for correct answer 1 | Negative Marks 0

What is ePHI?

a) A subset of information covered by the Privacy Rule
b) Shoe size
c) Individually identifiable health information a covered entity creates, receives, maintains or transmits in electronic form
d) Passwords

a) and c)
 a) and b)
 b) and d)
 a) and d)

22 Answered 1 Not Answered
12 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

17	18	19	20
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Group 1 i

Sections Time Left : 19:53

Sec A i

Marks for correct answer 1 | Negative Marks 0

Which of the following is not a standard defense measure when protecting Mobile Devices:

- Use a password or other user authentication
- Install and enable security software
- Maintain physical control
- Disable recording capability

24 Answered 1 Not Answered
10 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Group 1 i

Sections Time Left : 19:44

Sec A i

Marks for correct answer 1 | Negative Marks 0

If an employer asks an employee to provide proof that they have been vaccinated in order to allow that individual to work without wearing a facemask, is that a HIPAA violation?

Yes, because it is PHI

Yes, because its private medical information

No because HIPAA does not apply to most employers

None of the Option

Answered 24 Not Answered 1

Not Visited 10 Marked for Review 0

Answered & Marked for Review (will not be considered for evaluation) 0

Sec A

Choose a Question

21 22 23 24

25 26 27 28

29 30 31 32

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Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections Time Left : 19:23

Sec A i

Marks for correct answer 1 | Negative Marks 0

Under what conditions may health care providers disclose a patient's general condition (e.g. stable or critical) without authorization?

a) If the patient has not objected or restricted the release of PHI and upon request about a particular patient
b) If the patient is incapacitated, PHI may be disclosed if it is in the best interest of the patient and consistent with any prior expressed preferences of the patient
c) The patient's condition may not be disclosed

b) and c)
 a) and b)
 c) and d)

25 Answered 1 Not Answered
9 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

21 22 23 24
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29 30 31 32
33 34 35

Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections Time Left : 19:16

Sec A i

Marks for correct answer 1 | Negative Marks 0

What are the three main components of the Security Rule?

Flexibility, Adaptable, Scalability

Confidentiality, Integrity and Availability

Consent, minimum necessary, safeguards

None of the Option

26 Answered 1 Not Answered

8 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections Time Left : 29:19

Sec A i

Marks for correct answer 1 | Negative Marks 0

HIPAA-covered entities are required to make reasonable effort to ensure that uses and disclosures of PHI is limited to what type information to accomplish the intended purpose of a particular uses or disclosure?

Entire medical record

Electronic phi

Minimum necessary

Communications between providers

Answered 4 Not Answered

Not Visited 0 Marked for Review

Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Question Paper View Instruction

Group 1 i

Sections

Time Left : 19:09

Sec A i

Marks for correct answer 1 | Negative Marks 0

What does the HIPAA Omnibus Rule mandate?

Use of limited data sets that do not contain birth dates or ZIP codes

Minimum Necessary Rule

The implementation of HITECH

Implementation of weaker security standards

27 Answered 1 Not Answered

7 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

21 22 23 24

25 26 27 28

29 30 31 32

33 34 35

Mark for Review & Next

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Question Paper View Instruction

Group 1 i

Sections Time Left : 18:51

Sec A i

Marks for correct answer 1 | Negative Marks 0

How long must a covered entity's written security policies and procedures be retained?

For at least six years since their initial creation date
 For at least three years since their initial creation date
 For ten years from effective date
 For three years from effective date

28 Answered 1 Not Answered
6 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections Time Left : 18:23

Sec A i

Marks for correct answer 1 | Negative Marks 0

HIPAA was created to:

- Increase consumer control over health care records
- Improve the security of healthcare information
- Facilitate the portability of health insurance
- All of the Option

29 Answered 1 Not Answered
5 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

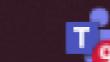
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Question Paper View Instruction

Group 1 i

Sections Time Left : 18:02

Sec A i

Marks for correct answer 1 | Negative Marks 0

What are the benefits of administrative simplification?

- Lowered administrative costs and lowered overall health care costs
- Reduced cycle time for processing of claims and payments
- Improved data privacy and security
- All of the Option

30 Answered 1 Not Answered
4 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections

Time Left : 17:41

Sec A i

Marks for correct answer 1 | Negative Marks 0

The transaction standards and codes sets are aimed at improving electronic data interchange (EDI) so that healthcare companies may exchange medical, billing and patient information more efficiently

TRUE

FALSE

31 Answered 1 Not Answered

3 Not Visited 0 Marked for Review

0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

21 22 23 24

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Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections

Time Left : 16:49

Sec A i

Marks for correct answer 1 | Negative Marks 0

ePHI is PHI that is electronically maintained or transmitted by a Covered Entity

TRUE

FALSE

33 Answered 1 Not Answered
1 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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29 30 31 32
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Mark for Review & Next Clear Response Previous Save & Next Submit

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Question Paper View Instruction

Group 1 i

Sections Time Left : 16:18

Sec A i

Marks for correct answer 1 | Negative Marks 0

Which of the following is NOT e-PHI?

- Claims data sent via e-mail
- A letter saved to the network in Microsoft Word format regarding an employee claims dispute
- A fax received from a doctor regarding an employee health condition

34 Answered 1 Not Answered
0 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Question Paper View Instruction

Group 1 i

Sections Time Left : 27:57

Sec A i

Marks for correct answer 1 | Negative Marks 0

What is an incidental disclosure?

a) Secondary disclosures incidental to a disclosure permitted by the Privacy Rule
b) A hospital visitor overhears a provider's confidential conversation with another provider or a patient
c) Unavoidable and occurs during compliant activity
d) The result of anything that violates the Privacy Rule or non-compliant activity

a), d) and c)
 a), b) and c)
 b), a) and d)
 d), b) and c)

2 Answered 4 Not Answered
29 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

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Question Paper View Instruction

Group 1 i

Sections Time Left : 27:50

Sec A i

Marks for correct answer 1 | Negative Marks 0

Who is a "business associate" under HIPAA?

Business Partner

A member of CE's workforce

Always involved in patient interaction

Perform payment or health care operations activities

Answered 2 Not Answered 4

Not Visited 29 Marked for Review 0

Answered & Marked for Review (will not be considered for evaluation) 0

Sec A

Choose a Question

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Question Paper View Instruction

Group 1 i

Sections Time Left : 26:47

Sec A i

Marks for correct answer 1 | Negative Marks 0

Which of the following are included in the top 5 HIPAA Violations?

a) Gossiping or Sharing
b) Disclosing PHI to the news media
c) Failure to conduct a risk assessment
d) Lost or stolen device

a) and d)
 a) and c)
 b) and d)
 b) and c)

3 Answered 4 Not Answered
28 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20

Mark for Review & Next Clear Response Previous Save & Next Submit

Version : 17.07.00



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ENG

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Assessment

Question Paper View Instruction

Group 1 i

Sections Time Left : 26:03

Sec A i

Marks for correct answer 1 | Negative Marks 0

What are examples of Reasonable Safeguards a Covered Entity must have in place in accordance with the Privacy Rule?

a) Having quiet conversations, whether to patients or co-workers, about sensitive health information
b) Locking computers with passwords so data is not left on the screen
c) Hospital allows an employee to have uninhibited, unnecessary access to patient data
d) Keeping files and other paperwork in locked areas

a), b) and d)
 a), b) and c)
 c), d) and a)
 b), d) and c)

4 Answered 4 Not Answered
27 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

1	2	3	4
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Mark for Review & Next Clear Response Previous Save & Next Submit

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ENG

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Assessment

Question Paper View Instruction

Group 1 i

Sections Time Left : 25:43

Sec A i

Marks for correct answer 1 | Negative Marks 0

What are examples of Covered Entities?

a) Providers
b) Personal Health Record (PHR) vendor
c) Government programs that pay for health care, such as Medicare, Medicaid, and the military and veterans health care programs
d) Wearables such as FitBit

b) and c)
 a) and c)
 d) and a)
 b) and d)

5 Answered 3 Not Answered
27 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

1	2	3	4
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Assessment

Question Paper View Instruction

Group 1 i

Sections

Time Left : 25:21

Sec A i

Marks for correct answer 1 | Negative Marks 0

What is HIPAA?

a) Rules to protect the privacy and security of health information
b) Gives individuals rights to their health information
c) An outdated law
d) Suggested Guidelines

a) and c)
 b) and c)
 a) and b)
 a) and d)

6 Answered 2 Not Answered
27 Not Visited 0 Marked for Review
0 Answered & Marked for Review (will not be considered for evaluation)

Sec A

Choose a Question

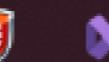
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18-09-2023

