
Disclaimer

IF YOU ARE AN EMPLOYEE OF A CONTRACTOR, NOTHING HEREIN SHALL BE CONSTRUED TO CHANGE THIS RELATIONSHIP OR TO MAKE YOU AN EMPLOYEE OF BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA AND/OR ANY OF ITS SUBSIDIARIES OR AFFILIATES.

IF YOU ARE AN EMPLOYEE OF BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA AND/OR ANY OF ITS SUBSIDIARIES OR AFFILIATES, PLEASE NOTE THAT ALL EMPLOYEES OF BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA AND ANY OF ITS SUBSIDIARIES OR AFFILIATES ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY REASON. NOTHING IN ANY OF BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA'S RULES, POLICIES, HANDBOOKS, PROCEDURES OR OTHER DOCUMENTS RELATING TO EMPLOYMENT CREATES ANY EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PAST PRACTICES OR PROCEDURES, WHETHER ORAL OR WRITTEN, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING, 2) THE DOCUMENT IS LABELED "CONTRACT," 3) THE DOCUMENT STATES THE DURATION OF EMPLOYMENT AND 4) THE DOCUMENT IS SIGNED BY THE CHIEF EXECUTIVE OFFICER.

PRINTED NAME OF EMPLOYEE/CONTRACTOR

EMPLOYEE'S/CONTRACTOR'S ID

EMPLOYEE'S/CONTRACTOR'S SIGNATURE

DATE

BlueCross BlueShield of South Carolina and Its Subsidiaries

HIPAA/Compliance/Rules of Behavior/ Security Awareness Attestation



Instructor: _____ Location: _____

Date of Class: _____ Time: _____

Name: _____ BlueCross ID: _____

I hereby attest that I have received, read and understood the course listed above and will comply with the Corporate Code of Conduct, which includes Privacy and Security Rules, the Rules of Behavior and other laws that affect our business.

Signature Date

Memo to: Remote Location and Off-Site Employees and Contractors of BlueCross BlueShield of South Carolina
From: Corporate Compliance Training Department – Corporate Audit
Subject: Required *Our Values* Compliance Training via Email

Our records indicate that you need to complete the required initial compliance training course, *Our Values*. **Please follow these instructions and return the three forms listed below no later than one week from today.**

- Review the attached PDF of the Our Values booklet, the PowerPoint presentation and complete this answer sheet.
- Return the disclaimer form (compliance copy), attestation form (both of these forms are in the front of the booklet) and this answer sheet via interoffice mail to Compliance Training at mail code AC-200.
- NOTE: You must complete and return all three forms to receive credit and this course will appear on your Learning Management System (LMS) transcript.

Our Values/HIPAA Privacy and Security Answer Sheet – revised January 2019

Name _____ Signature _____

BlueCross ID _____ Date _____

1. What does PHI stand for? _____
2. Who is the Corporate Privacy officer? _____
3. You should only have access to and use the _____ amount of PHI to do your job.
4. You must store documents with PHI securely to prevent unauthorized viewing when not in use. True ____ False ____
5. Scrambling PHI sent via email to prevent someone from identifying the information is referred to as _____
6. If you will be out of the office for a few days, it's OK to share your passwords with your supervisor so that he/she can access your information. True ____ False ____
7. Violations of the HIPAA Privacy and Security Rules can result in disciplinary action against you, and civil and criminal penalties against you and/or Blue Cross. True ____ False ____
8. One effect of fraud and abuse on the company is _____
9. Exclusion from participating in federally funded health care programs is a penalty for health care fraud. True ____ False ____
10. Employees must not process their own claims, relatives' or friends' claims or access any related medical information or PHI. True ____ False ____
11. You can accept cash as a gift by a vendor, if appropriate. True ____ False ____
12. How often are you required to update your Conflict of Interest (COI) form? _____
13. It is not your responsibility to report a situation where you suspect something unethical is going on. True ____ False ____
14. Management, Compliance Officers, Human Resources, the Compliance hotline and the Compliance website are all channels to report a compliance issue. True ____ False ____
15. It is a company policy that under certain circumstances, management may retaliate against an employee for reporting a suspected compliance concern. True ____ False ____
16. Employee has unauthorized software on her computer at work. How should this be reported? _____
17. If you have documents containing PHI, what is the appropriate method of discarding them? _____