

HIPAA MODULE QUESTIONS

Form A

Answer Sheet

Use the below answer guide to self-correct your HIPAA Module Quiz. Once checked, print out your completed HIPAA quiz, fill out all required information, sign and date the form, and return to: **HR Temporary Employment, 103 Scovell Hall, Lexington, KY 40506-0064. You may also fax to (859) 257-1736.**

1. HIPAA (Health Information Portability Accountability Act) protects an individual's health information?
 - a. True
 - b. False

2. HIPAA protects an individual's health information in which of the following forms?
 - a. Electronic
 - b. Paper
 - c. Spoken
 - d. All of the above

3. Which of the following items of information are considered PHI (Protected Health Information) when combined with information about an individual's health history, whether in the past or present?
 - a. Name
 - b. Social Security number
 - c. Date of birth
 - d. Full face photograph
 - e. All of the above are considered PHI

4. If you intentionally violate any of the provisions of the HIPAA law after receiving this training, you will NOT be covered by the University's liability insurance and therefore will be personally responsible for any fines, penalties or imprisonment.
 - a. True
 - b. False

5. The University of Kentucky is required to monitor itself for compliance with HIPAA regulations. Therefore periodic audits will be done of computer access to health information and observations of interactions of those involved in working with health information.
 - a. True
 - b. False

6. All information regarding any individual's health care is confidential and must not be shared with anyone who does not have a legitimate need to know.
 - a. True
 - b. False

7. If you have access to written or electronic confidential health information, you may be asked as a condition of your affiliation with the University of Kentucky to sign a confidentiality agreement.
- a. True
 - b. False
8. If you convey PHI to another person who does have a right to know, which method of communication is acceptable?
- a. Send a fax without a cover sheet
 - b. Face to face communication in the elevator
 - c. Face to face in a room with a closed door, and only occupied by others with a need to know
 - d. Message left on unsecured answering machine
 - e. All are acceptable methods
9. Which of the following actions is NOT acceptable when working with PHI on the computer?
- a. Using a unique password
 - b. Sharing your password only with those whom you work or study
 - c. Logging out when leaving a shared workstation
 - d. Ensure that your computer is facing away from the public view
 - e. None are acceptable
10. I have reviewed and understand the HIPAA privacy rules restricting use and disclosure of protected health information. I further understand that I am required to comply with the HIPAA rules and that my compliance with them is a condition of my employment, enrollment or affiliation with the University of Kentucky. I understand that failure to follow the HIPAA rules may result in disciplinary action, including termination of my employment, enrollment or affiliation at the University.
- a. Yes
 - b. No

Name: **Please print** - _____

Signature - _____

Employee ID # - _____

Department - _____

Date - _____