

HIPAA Privacy & Security Post-Test

Directions: Please circle the correct response to the questions provided, and then complete the information below. **Return this sheet along with your application for Medical Staff Membership.** A score of 80% is required to pass.

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| 1. | The Notice of Privacy Practices only needs to be posted in prominent locations within the facility. There is no requirement to provide copies to patients for their signature. | T | F |
| 2. | Transmitting protected health information (PHI) by fax is prohibited in YNHHS hospitals. | T | F |
| 3. | Transmitting PHI via a commercial e-mail service (Hotmail, AOL, etc) is considered an unprotected form of communication at YNHHS hospitals. | T | F |
| 4. | In situations where you know the patient has not placed any restrictions on the use of his/her PHI (via facility directory opt-outs, aliases, etc.), a recommended practice when approached by someone claiming to be a member of a patient's family is to request patient identifier information such as patient's address, date-of-birth, social security number, etc. | T | F |
| 5. | A "Request for Access to Protected Health Information for a Research Purpose" form must be completed in order to access PHI for any research purpose, even if approved by the IRB/HIC. | T | F |
| 6. | Communications about YNHHS health-related products or services are considered marketing, and therefore, require patient authorization before information can be shared. | T | F |
| 7. | Laptops and PDAs that store PHI must be password protected with encryption. | T | F |
| 8. | Disclosures of PHI for purposes such as reviews preparatory to research, cadaveric organ donation, health oversight or law enforcement purposes, and public health reporting must be documented in a centralized accounting. | T | F |
| 9. | Physicians have the right to deny patients' requests to amend their record, if they feel an amendment is not justified. | T | F |
| 10. | It is required that you report all security incidents (shared passwords, introduction of Computer viruses, unauthorized installation of software, etc.) to the YNHHS Security Officer of the MIS Help Desk (688-4357) | T | F |

Full name (please print): _____

I have read and understand the new HIPAA policies in effect in the Yale New Haven Health System facilities.

Signature

Date