

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.

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