Privacy and Security Training Test

Instructions: <u>Please circle the answer to each question on the attached Answer Sheet.</u> Once you have completed the test, turn your answer sheet into your manager.

1. HIPAA requires healthcare organizations:
    a. To follow rules on the use and disclosure of consumer information.
    b. To allow consumers to ask for limits on how their information is used and disclosed.
    c. To have administrative, physical, and technical safeguards to protect electronic information.
    d. All of the above.

2. According to the HIPAA Privacy Rule, information that must be kept confidential is called Protected Health Information (PHI). What are some examples of PHI?
    a. A consumer's name, address, and phone number.
    b. A consumer's ID number in the electronic medical records.
    c. A consumer's diagnosis.
    d. All of the above.

3. When disclosing consumer information to an outside person or entity, the _____ should be disclosed.
    a. Entire electronic medical record
    b. Minimum necessary information
    c. Easiest information to send
    d. Treatment plan

4. Consumers have the right to request an amendment to their medical record.
    a. True.
    b. False.

5. A state or federal law that provides greater privacy protections than HIPAA takes precedence over HIPAA.
    a. True.
    b. False.

6. What types of medical information are protected by stricter privacy laws than HIPAA?
    a. Substance use disorder treatment records.
    b. HIV/AIDS/ARC records.
    c. Reproductive health records.
    d. All of the above.

7. Business associates of covered entities are required to report data breaches to the covered entities that they contract with.
    a. True.
    b. False.

8. The Michigan Mental Health Code allows for disclosure of PHI for the purposes of treatment, payment, and coordination of care without a signed authorization from the consumer.
    a. True.
    b. False.

9. Which of the following are actions you can take to protect consumer information?
    a. Only viewing PHI in the electronic medical record when you have a valid work related need to know.
    b. Encrypting emails sent to email address external to CMHA-CEI by typing "SECURE" in the subject line.
    c. Having conversations regarding consumers in private offices.
    d. All of the above.

10. All CMHA-CEI staff have a right to access any PHI that is in the CMHA-CEI computer database.
    a. True.
    b. False.

11. Which of the following is an example of a breach?
    a. A psychiatrist reviews the most recent note from a consumer's case manager prior to seeing the consumer in the medication clinic.
    b. A consumer's mother calls and asks if the consumer is receiving services. The consumer's mother is not listed on the release of information/Consent to Share. The staff member apologizes but states they cannot confirm or deny that information.
    c. A treatment plan is mailed to the wrong consumer.
    d. A consumer's primary care physician calls to follow up on a referral they sent for the consumer to receive services. CMHA-CEI staff confirm that the consumer is enrolled in services.

12. Remedial actions for privacy violations can include:
    a. Additional training.
    b. Process changes.
    c. Disciplinary action.
    d. All of the above.

13. CMHA-CEI can terminate the employment of staff for reporting privacy violations to the Office of Civil Rights.
    a. True.
    b. False.

14. I can report a privacy violation directly to the Compliance Office without notifying my supervisor.
    a. True.
    b. False.

15. All staff (employees, volunteers, providers, and agents) of the CMHA-CEI network are responsible for protecting the confidentiality of information pertaining to recipients of mental health services.
    a. True.
    b. False.

Community MENTAL HEALTH
CLINTON • EATON • INGHAM

Training Unit

Answer Sheet

Name:_____ **Signature**: _____

Agency: _____ **Work Location:** _____

Date: _____

Course (Circle one):

Blood Borne Pathogens/Infection Control
HIPAA Privacy & Security
Person Centered Planning
Corporate Compliance
Recipient Rights
Cultural Competency & Diversity
Environmental Safety
De-Escalation Skills
Limited English Proficiency
Trauma Informed Care
Appeals and Grievances

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

1	A	B	C	D	E	**14**	A	B	C	D	E
2	A	B	C	D	E	**15**	A	B	C	D	E
3	A	B	C	D	E	**16**	A	B	C	D	E
4	A	B	C	D	E	**17**	A	B	C	D	E
5	A	B	C	D	E	**18**	A	B	C	D	E
6	A	B	C	D	E	**19**	A	B	C	D	E
7	A	B	C	D	E	**20**	A	B	C	D	E
8	A	B	C	D	E	**21**	A	B	C	D	E
9	A	B	C	D	E	**22**	A	B	C	D	E
10	A	B	C	D	E	**23**	A	B	C	D	E
11	A	B	C	D	E	**24**	A	B	C	D	E
12	A	B	C	D	E	**25**	A	B	C	D	E
13	A	B	C	D	E						

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____