

INTERMEDIATE PRIVACY MODULE POST-TEST

DATE: _____

NAME:	TITLE:
	LICENSE #:

Please circle the correct answer.

1. Staff may access and disclose only the amount of information necessary to achieve the purpose of the disclosure.
TRUE FALSE

2. Patient or legal representatives authorization is required for the disclosure of the following types of information:
 - a. HIV test results
 - b. Alcohol and Drug treatment
 - c. Psychiatric treatment
 - d. All of the above

3. Patients may request an accounting of disclosures that have been made of their health information. Examples of disclosures required in the accounting include:
 - a. Disclosures to law enforcement
 - b. Mandated abuse, assault reporting
 - c. Public health reporting
 - d. All of the above

4. An authorization form from the patient is required to be completed when providing patients with copies of their health information.
TRUE FALSE

5. A physician order is required when patients request to view their open medical record.
TRUE FALSE

6. When faxing information the following safeguards must be completed:
 - a. Complete a fax cover sheet
 - b. Verify recipient fax number
 - c. Call to confirm fax receipt
 - d. Disclose minimum amount of information needed for the request
 - e. All of the above

Evaluation -Please circle your response.

1. Did this program provide you with a clear understanding of your role and responsibilities for the protection of PHI?	Very Much	Somewhat	Not at all
2. Did this program adequately inform you of resources available for access, use and disclosure of PHI?	Very Much	Somewhat	Not at all
3. Did this program increase your awareness of where safeguards may be applied in your practices?	Very Much	Somewhat	Not at all