

# HIPAA BASIC TRAINING QUIZ

1. **The Health Insurance Portability and Accountability Act is a law known as HIPAA . Based on the Act, the Privacy Rule became effective in 2003 and the Security Rule became effective in 2004. The Final Rule was adopted in 2013 and requires full compliance by all covered entities including the pharmacy by September 23, 2013.**
  - A. True
  - B. False
2. **Pharmacies may keep patient information, but patients can limit others' access to it.**
  - A. True
  - B. False
3. **PHI stands for:**
  - A. Patient Health Information
  - B. Provider Health Information
  - C. Protected Health Information
  - D. None of the above.
4. **For the patient's protection, HIPAA dictates how pharmacies can and cannot use this PHI.**
  - A. True
  - B. False
5. **When can PHI be used/disclosed?**
  - A. When the patient asks to know about his/her own health information.
  - B. For treatment, payment or healthcare operations.
  - C. Without consent in the case of an emergency.
  - D. When authorization is required and obtained.
  - E. All of the above
6. **The Minimum Necessary Standard requires:**
  - A. Disclosure of only the minimum amount of information required.
  - B. Allows all employees access to any amount of information they want to see.
  - C. Pharmacists and technicians have access to all information for all patients.
7. **Overhearing a telephone conversation made by a pharmacy staff member to a physician's office is an example of:**
  - A. The Minimum Necessary Standard
  - B. Patient's Rights
  - C. Incidental disclosure
8. **Non-compliance can lead to sanctions –both criminal and civil. Violations may also result in an employee's dismissal.**
  - A. True
  - B. False
9. **We are required to ask each new patient if they would like a copy of the Notice of Privacy Practices.**
  - A. True
  - B. False
10. **A patient can restrict billing of any pharmacy item or service that would be billed to their health plan if the patient has paid for it in full.**
  - A. True
  - B. False

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I have read the HIPAA Basic Training booklet and completed the quiz.

Name (print) : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_