

**HIPAA Self Study Test
Summer Camps**

Name:	
Date:	
Service Site:	
Supervisor's Name:	

PLEASE ANSWER THE FOLLOWING TEST QUESTIONS: Clearly circle the correct answer. Each question has only one answer possible.

1. Protected Health Information or PHI describes:
 - a. physical or mental condition of an individual
 - b. payment for health care provided to an individual
 - c. provision of health care to an individual
 - d. all of the above

2. Individuals have the right to be notified if we share their info to anyone outside the organization.
 - a. true
 - b. false

3. Informal consequences of not adhering to the HIPAA rule includes
 - a. legal liability
 - b. negative publicity
 - c. loss of partners
 - d. all of the above

4. Electronic viruses are most commonly spread through
 - a. word documents
 - b. email attachments
 - c. hand to mouth
 - d. fax machines

5. The best way to protect information is to not verbally share with other people, keep it to yourself.
 - a. true
 - b. false

6. An individual is able to view, copy, but not correct their documentation.
 - a. true
 - b. false

Staff Signature:

I have taken the HIPAA self study training course and completed the test to the best of my ability.

_____ Date _____

Supervisor Signature:

I acknowledge that this staff member has taken the HIPAA self study training course and completed the test questions.

_____ Date _____

**FAX COMPLETED TEST WITH SIGNATURES TO:
CHRISTINE HORNE AT 216-334-2938**