

HIPAA

Post-Test

Name _____

Date _____

Instructions: Complete the questions below. Once you are finished, you may email, fax, or mail your completed test to:

MRC Coordinator
Portage County Health Department
705 Oakwood Street
Ravenna, Ohio 44266

330-298-4492 (fax)
sforgacs@portageco.com

1. HIPAA stands for:
 - ☐ Health Information and Privacy Portability Act
 - ☐ Health Insurance Portability and Accountability Act
 - ☐ Health Insurance Portability and Accessibility Act
 - ☐ Health Insurance Portability and Accommodations Act
2. HIPAA protects communications between patients and their healthcare provider that are:
 - ☐ Verbal
 - ☐ Written
 - ☐ Electronic
 - ☐ Both a and b
 - ☐ All of the above
3. Health information, information created or received by a covered entity, and personal identifiers are known as:
 - ☐ Personal Health Information
 - ☐ Protected Health Information
 - ☐ None of the above
4. Which of the following is NOT a covered entity?
 - ☐ Insurance Companies
 - ☐ Doctors
 - ☐ Health Department
 - ☐ All of the above are covered entities
5. True or False: The HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need.
 - ☐ True
 - ☐ False