HIPAA TRAINING EVALUATION

PRIN ⁻	T NAME	SIGNATURE	DATE
	b. False		
	a. True		
10	treat my health records		s as i siidii wani sumeune tu
10	c. All of the		s as I shall want someone to
		ary action, Termination fro	m UCP
	a. Fines , Ir	nprisonment	
9.		u violate consumer's priva	cy and confidentiality?
	c. All of the		
	b. Office of Services	Civil Rights, U.S. Departm	nent of Health and Human
	a. Privacy (
	complaint?		
8.			to whom he or she make the
	a. Inform yo b. Inform no	our Supervisor or Privacy (o-one	Jilicel
	should you do?	our Cupondioor or Drives	Officer
7.		an and notice a pile of pho	tocopied consumer PHI. What
	b. Advise the contract of the contract of	nem contact your Supervis	
	a. Tell them	n what they need	
0.	a consumer's disability		The state of the s
6.		•	ocal news media inquiring about
	a. Regular b. Shreddin	• •	
5.		n should be disposed of ir	n:
	b. False		
	a. True	,	
4.		ouse about one of your cor	nsumers.
		e Agreement FPrivacy Practices	
3.	•	nitial visit, he or she must b	pe given a copy of:
	b. False		
	a. True	•	
2.		that is kept in the consum	ner's written file
		surance Portability and Ad hippopotamus	countability Act
1.	What does HIPAA star		accumtability. A at
	140		

SUPERVISOR SIGNATURE

DEPARTMENT #