



HIPAA QUIZ AND CONFIDENTIALITY AGREEMENT

Employee (ACW) Name	Member Name	Score <small>(minimum 80%)</small>

Employee: Review the HIPAA Training Guide, ask questions as required, complete the HIPAA Quiz below, and review & sign the confidentiality agreement.

1. HIPAA stands for:
 - a. Health Insurance Protection and Accuracy
 - b. Health Insurance Portability and Accountability Act
 - c. Help Insurance company Profits - Always Applicable
2. PHI stands for: P _____ H _____ I _____
3. Under HIPAA, patients are generally not allowed to see their medical information:
 - a. True b. False
4. If a patient requests information from their medical record, you should:
 - a. Run to Kinko’s, make a copy, & give it to the patient
 - b. Answer that the information is not available, sorry
 - c. Refer the request to a Program Manager or Privacy Officer
5. HIPAA law includes penalties for non-compliance of (mark all that apply):
 - a. \$100 civil penalty up to a maximum of \$25,000 per year for each standard violated
 - b. A criminal penalty for knowingly disclosing PHI up to a maximum of \$250,000
 - c. Revocation of your driving license
6. If you get a question from a patient about how their PHI is used and disclosed, you should:
 - a. Inform them that a sign has been posted on the door
 - b. Say everything is written in invisible ink to protect the information
 - c. Refer the patient to a Program Manager or Privacy Officer
7. Patients will not be told of their rights under HIPAA, but rather have to look up information on a government web site:
 - a. True b. False
8. The HIPAA Privacy Rule (the law) took effect on: _____

Confidentiality Agreement: By signing below, I acknowledge that the disclosure of confidential information obtained through my employment with the Member and this CDCN program is **PROHIBITED!** Furthermore, I understand that any information concerning a Member’s illness, family, financial condition, or personal details is considered to be strictly confidential. When a Member’s history or condition is reviewed, it must be done in private where only those persons involved with the care of the Member are present. Any information known by me concerning any Member, employee, or other person, is also considered confidential. I acknowledge that confidentiality is an important part of the job and that I will not release confidential information. Failure to follow confidentiality requirement is cause for termination.

ACW Signature

Date

Member/Representative Signature

Date

