

## INTERMEDIATE PRIVACY MODULE POST-TEST

DATE: \_\_\_\_\_

NAME:	TITLE:
	LICENSE #:

**Please circle the correct answer.**

1. Staff may access and disclose only the amount of information necessary to achieve the purpose of the disclosure.  
**TRUE      FALSE**
  
2. Patient or legal representatives authorization is required for the disclosure of the following types of information:
  - a. HIV test results
  - b. Alcohol and Drug treatment
  - c. Psychiatric treatment
  - d. All of the above
  
3. Patients may request an accounting of disclosures that have been made of their health information. Examples of disclosures required in the accounting include:
  - a. Disclosures to law enforcement
  - b. Mandated abuse, assault reporting
  - c. Public health reporting
  - d. All of the above
  
4. An authorization form from the patient is required to be completed when providing patients with copies of their health information.  
**TRUE      FALSE**
  
5. A physician order is required when patients request to view their open medical record.  
**TRUE      FALSE**
  
6. When faxing information the following safeguards must be completed:
  - a. Complete a fax cover sheet
  - b. Verify recipient fax number
  - c. Call to confirm fax receipt
  - d. Disclose minimum amount of information needed for the request
  - e. All of the above

**Evaluation -Please circle your response.**

<b>1. Did this program provide you with a clear understanding of your role and responsibilities for the protection of PHI?</b>	<b>Very Much</b>	<b>Somewhat</b>	<b>Not at all</b>
<b>2. Did this program adequately inform you of resources available for access, use and disclosure of PHI?</b>	<b>Very Much</b>	<b>Somewhat</b>	<b>Not at all</b>
<b>3. Did this program increase your awareness of where safeguards may be applied in your practices?</b>	<b>Very Much</b>	<b>Somewhat</b>	<b>Not at all</b>