

Exam Questions HIO-201

Certified HIPAA Professional

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NEW QUESTION 1

A doctor is sending a patient's lab work to a lab that is an external business partner. The lab and the doctor's staff are all trained on the doctor's Privacy Practices. The doctor has a signed Notice from the patient. In order to use or disclose PHI, the lab MUST:

- A. Request that the patient sign the lab's Notice of Privacy Practices.
- B. Do nothing more - the activity is covered by the doctor's Notice of Privacy Practices.
- C. Obtain a specific authorization from the patient
- D. Obtain a specific authorization from the doctor.
- E. Verify that the doctor's Notice of Privacy Practices has not expired.

Answer: B

NEW QUESTION 2

The version of the ANSI ASC X12N standard required by HIPAA regulations is:

- A. 3070
- B. 3050
- C. 3045
- D. 4010
- E. 4020

Answer: D

NEW QUESTION 3

Select the FALSE statement regarding the administrative requirements of the HIPAA privacy rule.

- A. A covered entity must mitigate, to the extent practicable, any harmful effect that it becomes aware of from the use or disclosure of PHI in violation of its policies and procedures or HIPAA regulations.
- B. A covered entity must not in any way intimidate, retaliate, or discriminate against any individual or other entity, which files a complaint.
- C. A covered entity may not require individuals to waive their rights as a condition for treatment, payment, enrollment in a health plan, or eligibility for benefits
- D. A covered entity must retain the documents required by the regulations for a period of six years.
- E. A covered entity must change its policies and procedures to comply with HIPAA regulations no later than three years after the change in law.

Answer: E

NEW QUESTION 4

Assigning a name and/or number for identifying and tracking users is required by which security rule implementation specification?

- A. Access Authentication
- B. Integrity Controls
- C. Authorization and/or Supervision
- D. Data Authentication
- E. Unique User Identification

Answer: E

NEW QUESTION 5

Within the context of a transaction set, the fields that comprise a hierarchical level are referred to as a(n):

- A. Loop.
- B. Enumerator.
- C. Identifier
- D. Data segment.
- E. Code set.

Answer: A

NEW QUESTION 6

Implementation features of the Security Management Process include which one of the following?

- A. Power Backup plan
- B. Data Backup Plan
- C. Security Testing
- D. Risk Analysis
- E. Authorization and/or Supervision

Answer: D

NEW QUESTION 7

Which of the following is NOT a HIPAA national health care identifier?

- A. National Provider Identifier (NPI)
- B. Social Security Number (SSN)
- C. National Health Plan Identifier (PlanID)
- D. National Employer Identifier for Health Care (EIN)

E. National Health Identifier for Individuals (NHII)

Answer: B

NEW QUESTION 8

The Privacy Rule's penalties for unauthorized disclosure:

- A. Imposes fines and imprisonment as civil penalties for violations.
- B. Limits penalties to covered entities and their business associates.
- C. Imposes criminal penalties for noncompliance with standards.
- D. Limits imprisonment to a maximum of ten years.
- E. Is \$1000 per event of disclosure.

Answer: D

NEW QUESTION 9

When submitting a Health Care Claim Status Request, it is important to provide the proper tracking information to exactly identify the previously submitted claim. Select the information that would be most important to the claim inquiry process.

- A. Authorization Number
- B. Provider's National Provider Identifier (NPI)
- C. Claim Submitter home phone number
- D. Patient's lab report
- E. Provider's security PIN code

Answer: B

NEW QUESTION 10

One mandatory requirement for the Notice of Privacy Practices set by HIPAA regulations is:

- A. If the notice must state that the covered entity reserves the right to disclose PHI without obtaining the individuals authorization.
- B. The notice must prominently include an expiration date.
- C. The notice must describe every potential use of PHI
- D. The notice must describe an individual's rights under the rule such as to inspect, copy and amend PHI and to obtain an accounting of disclosures of PHI
- E. The notice must clearly identify that the covered entity is in compliance with HIPAA regulations as of April 16, 2003

Answer: D

NEW QUESTION 10

One implementation specification of a contingency plan is:

- A. Risk analysis
- B. Applications and Data Criticality Analysis
- C. Risk Management
- D. Integrity Controls
- E. Encryption

Answer: B

NEW QUESTION 12

Select the best statement regarding de-identified information (DII).

- A. De-identified information is IIHI that has had all individually (patient) identifiable information removed.
- B. DII may be used only with the authorization of the individual.
- C. DII remains PHI.
- D. The only approved method of de-identification is to have a person with appropriate knowledge and experience de-identify the IIHI.
- E. All PHI use and disclosure requirements do not apply to re-identified DII.

Answer: A

NEW QUESTION 17

Select the FALSE statement regarding health-related communications and marketing in the HIPAA regulations:

- A. A covered entity must obtain an authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form allowed by the regulations.
- B. A face-to-face communication made by a covered entity to an individual is allowed by the regulations without an authorization
- C. A promotional gift of nominal value provided by the covered entity is NOT allowed by the regulations without an authorization.
- D. If the marketing is expected to result in direct or indirect remuneration to the covered entity from a third party, the authorization must state that such remuneration is expected
- E. Disclosure of PHI for marketing purposes is limited to disclosure to business associates (which could be a telemarketer) that undertakes marketing activities on behalf of the covered entity

Answer: C

NEW QUESTION 18

A hospital is preparing a file of treatment information for the state of California. This file is to be sent to external medical researchers. The hospital has removed SSN, name, phone and other information that specifically identifies an individual. However, there may still be data in the file that potentially could identify the individual. Can the hospital claim "safe harbor" and release the file to the researchers?

- A. Yes - the hospital's actions satisfy the "safe harbor" method of de-identification.
- B. No - a person with appropriate knowledge and experience must determine that the information that remains cannot identify an individual.
- C. No - authorization to release the information is still required by HIPAA
- D. No - to satisfy "safe harbor" the hospital must also have no knowledge of a way to use the remaining data to identify an individual.
- E. Yes - medical researchers are covered entities and "research" is considered a part of "treatment" by HIPAA.

Answer: D

NEW QUESTION 23

Select the correct statement regarding the requirements of HIPAA regulations.

- A. A covered entity must have and apply sanction against members of its workforce who fail to comply with the privacy policies and procedures of the covered entity)
- B. A covered entity does not need to train all members of its workforce whose functions are affected by a change in policy or procedure.
- C. A covered entity must designate, and document, a privacy officer, and a HIPAA compliance officer
- D. A covered entity may require individuals to waive their rights.
- E. A covered entity must require the individual to sign the Notice of Privacy Practices prior to delivering any treatment related service.

Answer: A

NEW QUESTION 24

Which transaction covers information specific to accidents?

- A. Accident Report.
- B. First Report of Injury.
- C. Health Care Claim.
- D. Health Care Claim Payment/Advice.
- E. Premium Payment.

Answer: B

NEW QUESTION 28

Select the best example of a business associate (if they had access to PHI).

- A. Accountants
- B. Hospital employees
- C. A covered entity's internal IT department
- D. CEO of the covered entity
- E. The covered entity's billing service department

Answer: A

NEW QUESTION 30

Which one of the following security standards is part of Technical Safeguards?

- A. Access Control
- B. Security Management Process
- C. Facility Access Controls
- D. Workstation Use
- E. Device and Media Controls

Answer: A

NEW QUESTION 35

HIPAA Security standards are designed to be:

- A. Technology specific
- B. State of the art
- C. Non-Comprehensive
- D. Revolutionary
- E. Scalable

Answer: E

NEW QUESTION 38

An Electronic Medical Record (EMR):

- A. Is another name for the Security Ruling.
- B. Requires the use of biometrics for access to records.
- C. Is electronically stored information about an individual's health status and health care.
- D. Identifies all hospitals and health care organizations.
- E. Requires a PKI for the provider and the patient.

Answer: C

NEW QUESTION 41

Processes enabling an enterprise to restore any lost data in the event of fire, vandalism, natural disaster, or system failure are defined under:

- A. Risk Analysis
- B. Contingency Operations
- C. Emergency Mode Operation Plan
- D. Data Backup Plan
- E. Disaster Recover Plan

Answer: E

NEW QUESTION 43

Which one of the following is a required implementation specification of the Security Management Process?

- A. Risk Analysis
- B. Access Control and Validation Procedures
- C. Integrity Controls
- D. Access Authorization
- E. Termination Procedures

Answer: A

NEW QUESTION 44

Policies and procedures that address the final disposition of electronic PHI (including the media on which is stored) is address by this required implementation specification.

- A. Media Re-use
- B. Termination Procedures
- C. Risk Management
- D. Maintenance Records
- E. Disposal

Answer: E

NEW QUESTION 45

The scope of the Privacy Rule includes:

- A. All Employers.
- B. The Washington Publishing Company
- C. Disclosure of non-identifiable demographics.
- D. Oral disclosure of PHI.
- E. The prevention of use of de-identified information.

Answer: D

NEW QUESTION 49

Select the best statement regarding the definition of the term "use" as used by the HIPAA regulations.

- A. "Use" refers to the release, transfer, or divulging of IIHI between various covered entities
- B. "Use" refers to adding, modifying and deleting the PHI by other covered entities.
- C. "Use" refers to utilizing, examining, or analyzing IIHI within the covered entity
- D. "Use" refers to the movement of de-identified information within an organization.
- E. "Use" refers to the movement of information outside the entity holding the information

Answer: C

NEW QUESTION 50

Select the FALSE statement regarding the transaction rule.

- A. The Secretary is required by statue to Impose penalties of at least \$100 per violation on any person or entity that fails to comply with a standard except that the total amount imposed on any one person in each calendar year may not exceed \$1,000.000 for violations of one requirement
- B. Health plans are required to accept all standard transactions.
- C. Health plans may not require providers to make changes or additions to standard transactions
- D. Health plans may not refuse or delay payment of standard transactions.
- E. If additional information is added to a standard transaction it must not modify the definition, condition, intent, or use of a data element

Answer: A

NEW QUESTION 55

Workstation Use falls under which Security Rule area?

- A. Person or Entity Authentication
- B. Technical Safeguards

- C. Administrative Safeguards
- D. Physical Safeguards
- E. Transmission Security

Answer: D

NEW QUESTION 57

The code set that must be used to describe or identify outpatient physician services and procedures is:

- A. ICD-9-CM, Volumes 1 and 2
- B. CPT-4
- C. CDT
- D. ICD-9-CM, Volume 3
- E. NDC

Answer: B

NEW QUESTION 58

The Privacy Rule gives patients the following right:

- A. Access to the psychotherapy notes.
- B. Request an amendment to their medical record.
- C. Receive a digital certificate.
- D. See an accounting of disclosures for which authorization was given.
- E. The use of a smart card for accessing their records.

Answer: B

NEW QUESTION 62

Select the FALSE statement regarding violations of the HIPAA Privacy rule.

- A. Covered entities that violate the standards or implementation specifications will be subjected to civil penalties of up to \$100 per violation except that the total amount imposed on any one person in each calendar year may not exceed \$25,000 for violations of one requirement
- B. Criminal penalties for non-compliance are fines up to \$65,000 and one year in prison for each requirement or prohibition violated
- C. Criminal penalties for willful violation are fines up to \$50,000 and one year in prison for each requirement or prohibition violated.
- D. Criminal penalties for violations committed under ??false pretenses?? are fines up to \$100,000 and five years in prison for each requirement or prohibition violated
- E. Criminal penalties for violations committed with the intent to sell, transfer, or use PHI for commercial advantage, personal gain or malicious harm are fines up to \$250,000 and ten years in prison for each requirement or prohibition violated

Answer: B

NEW QUESTION 64

This security standard requires that the covered entity establishes agreements with each organization with which it exchanges data electronically, protecting the security of all such data:

- A. Security Incident Procedures
- B. Integrity
- C. Person or Entity Authentication
- D. Assigned Security Responsibility
- E. Business Associate Contracts and other Arrangements

Answer: E

NEW QUESTION 67

Select the correct statement regarding the requirements for oral communication in the HIPAA regulations.

- A. Covered entities must reasonably safeguard PHI, including oral communications, from any intentional or unintentional use or disclosure that is in violation of the Privacy Rule.
- B. Covered entities must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of de-identified data.
- C. Covered entities are prohibited from marketing through oral communications
- D. The Privacy Rule requires covered entities to document any information, including oral communications, which is used or disclosed for TPO purposes.
- E. The Privacy Rule will often require major structural changes, such as soundproof rooms and encryption of telephone systems, to provide the "reasonable safeguards" of oral communications required by the regulations

Answer: A

NEW QUESTION 70

Which of the following is NOT a correct statement regarding HIPAA requirements?

- A. A coveted entity must change its policies and procedures to complywith HIPPPregulations, standards, and implementation specifications.
- B. A covered entity must reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the regulations.
- C. A covered entity must provide a process for individuals to make complaints concerning privacy issues.
- D. A covered entity must document all complaints received regarding privacy issues.
- E. The Privacy Rule requires that the covered entity has a documented security policy.

Answer: E

NEW QUESTION 73

In addition to code sets, HIPAA transactions also contain:

- A. Security information such as a fingerprint.
- B. Privacy information.
- C. Information on all business associates.
- D. Information on all health care clearinghouses.
- E. Identifiers.

Answer: E

NEW QUESTION 74

Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic PHI is:

- A. Risk Analysis
- B. Risk Management
- C. Access Establishment and Modification
- D. Isolating Health care Clearinghouse Function
- E. Information System Activity Review

Answer: A

NEW QUESTION 75

Physical access to workstations such as, whether or not patients can easily see a screen with PHI on it, is addressed by:

- A. Workstation Use
- B. Workstation Security
- C. Sanction Policy
- D. Termination Procedures
- E. Facility Security Plan

Answer: B

NEW QUESTION 79

Which of the following is a required implementation specification associated with the Contingency Plan Standard?

- A. Integrity Controls
- B. Access Control and Validation Procedures
- C. Emergency Mode Operation
- D. Plan Response and Reporting
- E. Risk Analysis

Answer: C

NEW QUESTION 83

This code set describes drugs:

- A. ICD-9-C
- B. Volumes 1 and 2.
- C. CPT-4.
- D. CDT.
- E. ICD-9-C
- F. Volume 3.
- G. NDC.

Answer: E

NEW QUESTION 84

Select the correct statement regarding the "Minimum Necessary" standard in the HIPAA regulations.

- A. In some circumstances a covered entity is permitted, but not required, to rely on the judgment of the party requesting the disclosure as to the minimum amount of information necessary for the intended purpose.
- B. Some examples of these requesting parties are: another covered entity or a public official.
- C. The privacy rule prohibits use, disclosure, or requests for an entire medical record.
- D. Non-Covered entities need to redesign their facility to meet the requirement for minimum necessary uses.
- E. The minimum necessary standard requires covered entities to prohibit maintenance of medical charts at bedside and to require that X-ray light boards be totally isolated.
- F. If there is a request for more than the minimum necessary PHI, the privacy rule requires a covered entity to deny the disclosure of information after recording the event in the individual's case file.

Answer: A

NEW QUESTION 87

ABC Hospital implements policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information. These policies and procedures satisfy which HIPAA security standard?

- A. Security Management Process
- B. Facility Access Control
- C. Security Awareness and Training
- D. Workforce Security
- E. Security Management Process

Answer: D

NEW QUESTION 92

The Privacy Rule interacts with Federal and State laws by:

- A. Establishing an orderly hierarchy where HIPAA applies, then other Federal law, then State law.
- B. Defining privacy to be a national interest that is best protected by Federal law
- C. Allowing State privacy laws to provide a cumulative effect lower than HIPAA.
- D. Mandating that Federal laws preempt State laws regarding privacy.
- E. Establishing a "floor" for privacy protection.

Answer: E

NEW QUESTION 97

Which one of the following implementation specifications is associated with the Facility Access Control standard?

- A. Integrity Controls
- B. Emergency Access Procedure
- C. Access Control and Validation Procedures
- D. Security Reminders
- E. Security Policy

Answer: C

NEW QUESTION 100

Select the correct statement regarding the definition of the term "disclosure" as used in the HIPAA regulations.

- A. "Disclosure" refers to employing IIHI within a covered entity.
- B. "Disclosure" refers to utilizing, examining, or analyzing IIHI within a covered entity.
- C. "Disclosure" refers to the release, transfer, or divulging of IIHI to another covered entity.
- D. "Disclosure" refers to the movement of information within an organization.
- E. "Disclosure" refers to the sharing of information within the covered entity.

Answer: C

NEW QUESTION 103

Select the correct statement regarding the 834 - Benefit Enrollment and Maintenance transaction.

- A. It cannot be used to transfer enrollment information from a plan sponsor to a health care insurance company or other benefit provider.
- B. It can be used by a health insurance company to notify a plan sponsor that it has dropped one of its members.
- C. It cannot be used to enroll, update, or dis-enroll employees and dependents in a health plan.
- D. A sponsor can be an employer, insurance agency, association or government agency but unions are excluded from being plan sponsors.
- E. It can be used in either update or full replacement mode.

Answer: E

NEW QUESTION 104

Select the FALSE statement regarding the responsibilities of providers with direct treatment relationships under HIPAA's privacy rule.

- A. Provide the individual with a Notice of Privacy Practices that describes the use of PHI.
- B. Obtain a written authorization for each and every TPO event.
- C. Obtain a written authorization for any disclosure or use of PHI other than for the purposes of TPO.
- D. Provide access to the PHI that it maintains to the individual and make reasonable efforts to correct possible errors when requested by the individual.
- E. Establish procedures to receive complaints relating to the handling of PHI.

Answer: B

NEW QUESTION 109

The objective of this document is to safeguard the premises and building from unauthorized physical access and to safeguard the equipment therein from unauthorized physical access, tampering and theft

- A. Contingency Plan
- B. Facility Security Plan
- C. Emergency Mode Operation Plan
- D. Accountability
- E. Device and Media Controls

Answer: B

NEW QUESTION 113

The code set that must be used to describe or identify dentists services and procedures is:

- A. ICD-9-CM, Volumes 1 and 2
- B. CPT-4
- C. CDT
- D. ICD-9-CM, Volume 3
- E. HCPCS

Answer: C

NEW QUESTION 118

This Administrative Safeguard standard implements policies and procedures to ensure that all members of its workforce have appropriate access to electronic information.

- A. Security Awareness Training
- B. Workforce Security
- C. Facility Access Controls
- D. Workstation Use
- E. Workstation Security

Answer: B

NEW QUESTION 119

The key objective of a contingency plan is that the entity must establish and implement policies and procedures to ensure the:

- A. Creation and modification of health information during and after an emergency.
- B. Integrity of health information during and after an emergency.
- C. Accountability of health information during and after an emergency.
- D. Vulnerability of health information during and after an emergency.
- E. Non-repudiation of the entity.

Answer: B

NEW QUESTION 124

Performing a periodic review in response to environmental or operational changes affecting the security of electronic protected health information is called:

- A. Transmission Security
- B. Evaluation
- C. Audit Control
- D. Integrity
- E. Security Management Process

Answer: B

NEW QUESTION 126

Select the best statement regarding organized health care arrangements (OHCA).

- A. An organized health care arrangement is a clinically integrated setting in which patients receive care from multiple providers.
- B. Independent providers participating in an organized health care arrangement are business associates of each other.
- C. An example of an OHCA is a nurse employed in a physician's office.
- D. An example of an OHCA is a laboratory attached to a physician's office.
- E. An example of an OHCA is a health insurance company and its affiliated life insurance company.

Answer: A

NEW QUESTION 129

Ensuring that physical access to electronic information systems and the facilities in which they are housed is limited, is addressed under which security rule standard?

- A. Security Management Process
- B. Transmission Security
- C. Person or Entity Authentication
- D. Facility Access Controls
- E. Information Access Management

Answer: D

NEW QUESTION 131

This transaction type may be used in three ways:

- 1) Reply to a Health Care Claim Status Request.
- 2) Unsolicited notification of a health care claim status.
- 3) Request for additional information about a health care claim.

- A. 837.
- B. 820.
- C. 277.
- D. 835.

E. 278.

Answer: C

NEW QUESTION 134

The transaction pair used for requesting and responding to a health claim status inquiry is:

- A. 270/271
- B. 276/277
- C. 278/278
- D. 834/834
- E. 837/835

Answer: B

NEW QUESTION 138

Under the Privacy Rule, an individual may request a covered provider to restrict routine use or disclosure beyond what exists in the provider's Notice of Privacy Practices. Upon that request, the provider.

- A. Must store the information in an encrypted format.
- B. May refuse the request but still offer treatment.
- C. Must comply within seventy-five (75) days.
- D. Must only transfer the information using the ASC X12 format specification.
- E. Can request binding arbitration.

Answer: B

NEW QUESTION 140

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