

HIPAA

Exam Questions HIO-201

Certified HIPAA Professional



NEW QUESTION 1

A valid Notice of Privacy Practices must:

- A. Detail specifically all activities that are considered a use or disclosure.
- B. Describe in plain language what is meant by treatment, payment, and health care operations (TPO)
- C. Inform the individual that protected health information (PHI) may only be used for valid medical research.
- D. Inform the individual that this version of the Notice will always cover them, regardless of subsequent changes.
- E. State the expiration date of the Notice.

Answer: B

NEW QUESTION 2

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 3

Select the FALSE statement regarding code sets and identifiers.

- A. The CPT-4 code set is maintained by the American Medical Association (AMA).
- B. A covered entity must use the applicable medical code set that is valid at the time the health care is delivered.
- C. The National Provider Identifier (NPI) will be assigned by the National Provider System (NPS).
- D. The Centers for Medicare and Medicaid Services is responsible for updating the HCPCScode set.
- E. The National Provider Identifier (NPI) will be assigned to health plans.

Answer: E

NEW QUESTION 4

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: B

NEW QUESTION 5

Signed authorization forms must be retained:

- A. Indefinitely, because the life of a signed authorization is indefinite.
- B. Six (6) years from the time it expires.
- C. For as long as the patient's records are kept.
- D. Until it is specifically revoked by the individual.
- E. Ten (10) years from the date it was signed.

Answer: B

NEW QUESTION 6

This is a documented and routinely updated plan to create and maintain, for a specific period of time, retrievable copies of information:

- A. Disaster Recovery Plan
- B. Data Backup Plan
- C. Facility Access Controls
- D. Security Incident Procedures
- E. Emergency Mode Operations Plan

Answer: B

NEW QUESTION 7

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 8

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

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

Answer: D

NEW QUESTION 9

The objective of this HIPAA security standard is to implement policies and procedures to prevent, detect, contain, and correct security violations.

- A. Security Incident Procedures
- B. Assigned Security Responsibility
- C. Security Management Process
- D. Access Control
- E. Facility Access Control

Answer: C

NEW QUESTION 10

Maintenance personnel that normally have no access to PHI are called in to investigate water that is leaking from the ceiling of the room where a large amount of PHI is stored. The room is normally secured but the file cabinets have no doors or locks. Situations this are addressed by which Workforce Security implementation specification?

- A. Risk Management
- B. Written Contract or Other Arrangement
- C. Accountability
- D. Authorization and/or Supervision
- E. Integrity Controls

Answer: D

NEW QUESTION 10

HIPAA transaction standards apply to:

- A. Employee drug tests.
- B. Health component of auto insurance.
- C. Stored health information data.
- D. Eligibility inquiries.
- E. Non-reimbursed employee medical expenses.

Answer: D

NEW QUESTION 15

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 16

The Data Backup Plan is part of which Security Standard?

- A. Contingency Plan
- B. Evaluation
- C. Security Management Procedures
- D. Facility Access Control
- E. Security Incident Procedures

Answer: A

NEW QUESTION 19

A grouping of functional groups, delimited by a header/trailer pair, is called a:

- A. Data element
- B. Data segment
- C. Transaction set
- D. Functional envelope
- E. Interchange envelope

Answer: E

NEW QUESTION 23

Select the correct statement regarding the responsibilities of providers and payers under HIPAA's privacy rule.

- A. Optionally, they might develop a mechanism of accounting for all disclosures of PHI for purposes other than TPO.
- B. They must redesign their offices, workspaces, and storage systems to afford maximum protection to PHI from intentional and unintentional use and disclosure.
- C. They must develop methods for disclosing only the minimum amount of protected information necessary to accomplish any intended purpose
- D. They must obtain a "top secret" security clearance for all member of their workforce
- E. They must identify business associates that need to use PHI to accomplish their function and develop authorization forms to allow PHI to be shared with these business associates

Answer: C

NEW QUESTION 25

Physical safeguards using media controls do not include procedures to:

- A. Control access to tapes, floppies, and re-writeable CDs.
- B. Track the access of record able media.
- C. Dispose of storage devices.
- D. Backup copies of health information.
- E. Prohibit alteration of health information.

Answer: E

NEW QUESTION 30

This Security Standard addresses the proper functions to be performed on a specific workstation as well as the physical attributes of its surroundings.

- A. Information Access Management
- B. Workstation Security
- C. Access Control
- D. Facility Access Controls
- E. Workstation Use

Answer: E

NEW QUESTION 34

Periodic testing and revision of contingency plans is addressed by:

- A. Testing and Revision Procedures
- B. Information System Activity Review
- C. Response and Reporting
- D. Data Backup Plan
- E. Emergency Access Procedure

Answer: A

NEW QUESTION 36

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. Oil may be used only with the authorization of the individual.
- C. Oil remains PHI.
- D. The only approved method of de-id entitle at ion 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 41

This transaction is used to transmit referral transactions between UMOs and other parties:

- A. Referral Premium Payment
- B. Health Care Referral Certification and Authorization.
- C. First Report of Injury.
- D. Health Plan Referral Enrollment and Dis-enrollment.
- E. Coordination of Referral Benefits.

Answer: B

NEW QUESTION 46

The implementation specifications for this HIPAA security standard (within Technical Safeguards) must support emergency access and unique user identification:

- A. Audit Control
- B. Integrity
- C. Access Control
- D. Person or Entity Authentication
- E. Transmission Security

Answer: C

NEW QUESTION 47

The National Provider File (NPF) includes information such as:

- A. Effective date.
- B. CPT-4.
- C. CDT.
- D. ICD-9-CM.
- E. Enrollment date.

Answer: A

NEW QUESTION 50

The transaction number assigned to the Health Care Eligibility Request transaction is:

- A. 270
- B. 276
- C. 278
- D. 271
- E. 834

Answer: A

NEW QUESTION 55

Security reminders, using an anti-virus program on workstations, keeping track of when users log-in and out, and password management are all part of:

- A. Security Incident Procedures
- B. Information Access Management
- C. Security Awareness and Training
- D. Workforce Security
- E. Security Management Process

Answer: C

NEW QUESTION 59

The office manager of a small doctor's office wants to donate several of their older workstations to the local elementary school. Which Security Rule Standard addresses this situation?

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

Answer: B

NEW QUESTION 62

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 64

Establishing policies and procedures for responding to an emergency or other occurrence that damages systems is an example of a(n):

- A. Security Awareness and Training
- B. Security Incident Procedure
- C. Information Access Management
- D. Security Management Process
- E. Contingency Plan

Answer: E

NEW QUESTION 69

Select the phrase that makes the following statement FALSE. The 270 Health Care Eligibility Request can be used to inquire about:

- A. Eligibility status
- B. Benefit maximums
- C. Participating providers
- D. Deductibles & exclusions
- E. Co-pay amounts

Answer: C

NEW QUESTION 70

This requires records of the movement of hardware and electronic media that contain PHI.

- A. Business Associate Contract
- B. Data Backup Plan
- C. Media Re-use
- D. Disposal
- E. Accountability

Answer: E

NEW QUESTION 74

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

- A. A covered entity must apply disciplinary sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the covered entity.
- B. A covered entity need not train all members of its workforce whose functions are materially affected by a change in policy or procedure.
- C. A covered entity must designate, and document, a contact person responsible for receiving acknowledgements of Notice of Privacy Practice.
- D. A covered entity may require individuals to waive their rights.
- E. A covered entity must provide maximum safeguards for PHI from any intentional or unintentional use or disclosure that is in violation of the regulations and to limit incidental uses and disclosures made pursuant to permitted or required use or disclosure.

Answer: A

NEW QUESTION 77

Which of the following was not established under the Administrative Simplification title?

- A. National PKI Identifier.
- B. National Standard Health Care Provider Identifier.
- C. National Standard Employer Identifier.
- D. Standards for Electronic Transactions and Code Sets.
- E. Security Rule.

Answer: A

NEW QUESTION 79

The purpose of this security rule standard is to implement technical policies and procedures for electronic information systems that maintain electronic PHI, and to allow access only to those persons or software programs that have been granted access rights:

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

Answer: E

NEW QUESTION 84

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 86

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 91

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 92

HIPAA defines transaction standards for:

- A. Encrypted communication between patient and provider.
- B. All patient events.
- C. Security.
- D. Benefits inquiry.
- E. Emergency treatment.

Answer: D

NEW QUESTION 97

When limiting protected health information (PHI) to the minimum necessary for a use or disclosure, a covered entity can use:

- A. Their professional judgment and standards.
- B. The policies set by the security rule for the protection of the information.
- C. Specific guidelines set by WEDI.
- D. Measures that are expedient and reduce costs.
- E. The information for research and marketing purposes only.

Answer: A

NEW QUESTION 99

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 100

Information in this transaction is generated by the payer's adjudication system:

- A. Eligibility (270/271)
- B. Premium Payment (820)
- C. Unsolicited Claim Status (277)
- D. Remittance Advice (835)
- E. Functional Acknowledgment (997)

Answer: D

NEW QUESTION 103

HPAA establishes a civil monetary penalty for violation of the Administrative Simplification provisions. The penalty may not be more than:

- A. \$1,000,000 per person per violation
- B. \$10 per person per violation
- C. \$10,000 per person per violation
- D. \$100 per person per violation
- E. \$1000 per person per violation

Answer: D

NEW QUESTION 106

The Security Rule requires that the covered entity identifies a security official who is responsible for the development and implementation of the policies and procedures. This is addressed under which security standard?:

- A. Security Incident Procedures
- B. Response and Reporting
- C. Assigned Security Responsibility

- D. Termination Procedures
- E. Facility Access Controls

Answer: C

NEW QUESTION 109

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

- A. A covered entity must change its policies and procedures to comply with HIPAA regulations, 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 114

Which of the following is primarily concerned with implementing security measures that are sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level.

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

Answer: D

NEW QUESTION 116

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 121

This HIPAA security area addresses the use of locks, keys and procedures used to control access to computer systems:

- A. Administrative Safeguards
- B. Physical Safeguards
- C. Technical Safeguards
- D. Audit Controls
- E. Information Access Management

Answer: B

NEW QUESTION 126

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 129

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 131

This rule covers the policies and procedures that must be in place to ensure that the patients' health information is respected and their rights upheld:

- A. Security rule.
- B. Privacy rule.
- C. Covered entity rule.
- D. Electronic Transactions and Code Sets rule.
- E. Electronic Signature Rule.

Answer: B

NEW QUESTION 134

A State insurance commissioner is requesting specific, individually identifiable information from an insurer as a part of a routine review of the insurer's practices. What must the insurer do to deidentify the information?

- A. The protected health information must be removed from the informatio
- B. A substitute "key" may be supplied to allow re-identification, if needed.
- C. Limit the information to coverage, dates of treatment, and payment amounts to avoid collecting any protected data.
- D. Nothin
- E. An oversight agency has the right to access this information without prior authorization.
- F. Request that the insurance commissioner ask for an exception from HIPAA from the Department of Health and Human Services.
- G. A written authorization is required from the patient.

Answer: C

NEW QUESTION 135

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

- A. In some circumstances a coveted 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 purpos
- 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 139

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 140

This transaction supports multiple functions. These functions include: telling a bank to move money OR telling a bank to move money while sending remittance information:

- A. 277.
- B. 278.
- C. 271.
- D. 82.
- E. 270.

Answer: D

NEW QUESTION 145

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 hearth 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 150

The Final Privacy Rule requires a covered entity to obtain an individual's prior written authorization to use his or her PHI for marketing purposes except for:

- A. Situations where the marketing is for a drug or treatment could improve the health of that individual.
- B. Situations where the patient has already signed the covered entity's Notice of Privacy Practices.
- C. A face-to-face encounter with the sales person of a company that provides drug samples

- D. A communication involving a promotional gift of nominal value.
- E. The situation where the patient has signed the Notice of Privacy Practices of the marketer.

Answer: D

NEW QUESTION 155

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 159

This transaction is typically used in two modes: update and full replacement:

- A. Premium Payment.
- B. Health Care Claim.
- C. First Report of Injury.
- D. Health Plan Enrollment and Dis-enrollment.
- E. Coordination of Benefits.

Answer: D

NEW QUESTION 164

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 165

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 166

The applicable methods for HIPAA-related EDI transactions are:

- A. Remote and enterprise.
- B. Claim status and remittance advice.
- C. Subscriber and payer
- D. Batch and real-time.
- E. HCFA-1500and837.

Answer: D

NEW QUESTION 170

The State of Nebraska's Medicaid Program has decided to implement an EDI solution to comply with the HIPAA transaction rule Select the transaction or code set that would not apply to them.

- A. 270
- B. 835
- C. 837 - Professional
- D. CPT-4
- E. UB-92

Answer: E

NEW QUESTION 173

When PHI is sent or received over an electronic network there must be measures to guard against unauthorized access. This is covered under which security rule

standard?

- A. Device and Media Controls
- B. Access Controls
- C. Transmission Security
- D. Integrity
- E. Audit Controls

Answer: C

NEW QUESTION 175

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