

NAME _____ DEPT. _____ DATE _____

SIGNATURE _____

(No credit will be awarded without signature.)

QUIZ – HIPAA Consent - for Health Care Providers

1. The HIPAA Privacy Rule The rule prohibits a covered entity’s use or disclosure of PHI without patient authorization. () True () False
2. The Privacy Rule permits a covered entity to use and disclose protected health information, with certain limits and protections, in order to treat the patient. () True () False
3. Treatment means (circle the letter next to most correct answer):
 - a. Provision of health care and related services among health care providers
 - b. Consultation between health care providers regarding a patient
 - c. The referral of a patient from one health care provider to another
 - d. Management of a patient’s condition
 - e. All of the above
4. A covered entity must have the patient’s authorization to use or disclose PHI about the patient in order to provide health care to the patient () True () False
5. A physician () **may** () **may not** give information about a patient’s mobility limitations to the friend who will drive the patient home from the hospital.
6. A physician () **may** () **may not** discuss a patient’s treatment with the patient, during a medical appointment, in the presence of a friend who drove the patient to the appointment.
7. A surgeon may, if consistent with professional judgment, inform a patient’s spouse, who accompanied the patient to the emergency room, that the patient suffered a heart attack () True () False
8. If a patient asks you not to tell his wife that he is has diabetes, you are obligated, by law, to withhold this information from her. () True () False
9. You () **must** () **are not required to** obtain a patient’s consent to report his Tuberculosis diagnosis to the Public Health authorities.
10. You () **may** () **may not** report a suspected case of child abuse to the police without the child’s mother’s consent.

**At completion of this Unit, and to earn applicable Compliance credit: Sign Completed Quiz, and Fax to 504-988-7777, or send through Campus Mail to Glenda Folse, TW-3.
No cover sheet is needed.**