

PEGCO Inc.
532 N. RIDGEWOOD AVE
DAYTONA BEACH, FL. 32114
Phone: (386) 756-4266 Fax (386) 492-7821
WEB SITE: www.VolusiaCPR.com EMAIL: Bill@VolusiaCPR.com

ROSTER

Program Title: **HIPAA PRIVACY RULE (4 HR)**

Date: _____ Facility Name: _____

********PLEASE PRINT CLEARLY********

CERTIFICATES CAN NOW BE EMAILED IF WE CAN READ THE EMAIL ADDRESS

1. NAME _____ PHONE _____
ADDRESS _____
EMAIL _____

2. NAME _____ PHONE _____
ADDRESS _____
EMAIL _____

3. NAME _____ PHONE _____
ADDRESS _____
EMAIL _____

4. NAME _____ PHONE _____
ADDRESS _____
EMAIL _____

HIPAA PRIVACY RULE POST TEST

NAME: _____ DATE: _____

1. What does HIPAA stand for? _____
2. When was it established? _____
3. What does HHS stand for? _____
4. Explain the major goal of the Privacy Rule. _____

5. Name the three entities covered by the Privacy Rule. _____

6. Does a business associate need to sign a business associate contract before being permitted to work at/in a covered entity? _____

7. What does PHI stand for? _____

8. Are there any restrictions on the use or disclosure of de-identified health information? _____

9. Name two of the six reasons a covered entity must disclose protected health information. _____

10. Define "consent". _____

11. Name six of the twelve national priority purposes which do not require consent. _____

12. Other than two reasons, can psychotherapy notes be used or disclosed without an individual's authorization? _____

13. Each covered entity, with certain exceptions, _____ provide a notice of its privacy practices.

HIPAA PRIVACY RULE POST TEST

14. TRUE FALSE – A covered entity must agree to restriction requests.

15. How long must records be maintained?_____

16. Define “contrary”_____

17. Explain the two exceptions to the general rule of federal preemption for
contrary state laws._____

18. HHS may impose civil money penalties on a covered entity of _____
per failure to comply with a privacy rule requirement but may not exceed
_____per year for multiple, identical violations.

19. What are the criminal penalties for knowingly violating HIPAA?_____

20. Name the three ways to determine if any title, structure or facility is subject to
HIPAA regulation._____

HIPAA PRIVACY RULE POST TEST

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PROGRAM EVALUATION

COURSE TITLE: HIPPA PRIVACY RULE 4 HR
DATE: _____ LOCATION: PEGCO, Inc.

*Please evaluate by circling the appropriate rating:
5-Excellent 4-Above average 3-Average 2-Fair 1-Poor*

- | | |
|---|----------------------|
| 1. Overall quality of the program | 5 4 3 2 1 |
| 2. Overall content of the program | |
| a. content can improve my ability to perform my job | 5 4 3 2 1 |
| b. content reflected knowledge level and needs of learner | 5 4 3 2 1 |
| c. the material was current | 5 4 3 2 1 |
| 3. Achieved stated objectives | |
| a. total number of objectives in program _____ | |
| b. circle the number of met objectives | 1 2 3 4 5 6 7 8 9 10 |
| c. the test material reflected the objectives listed | 5 4 3 2 1 |
| 4. Overall organization of the program | |
| a. material was organized to facilitate learning | 5 4 3 2 1 |
| b. material covered was adequate and accurate | 5 4 3 2 1 |

What did you like best about the program?

Your suggestions for improving this program.

Any topic ideas for future in-service programs

THANK YOU FOR USING PEGCO INC. WE APPRECIATE YOU.