



# **HIPAA**

## **Exam Questions HIO-201**

Certified HIPAA Professional

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#### NEW QUESTION 1

This final security rule standard addresses encryption of data.

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

**Answer: E**

#### NEW QUESTION 2

In an emergency treatment situation, a health care provider:

- A. Must obtain the signature of the patient before disclosing PHI to another provider.
- B. Must contact a relative of the patient before disclosing PHI to another provider.
- C. May use their best judgment in order to provide appropriate treatment.
- D. May use PHI but may not disclose it to another provider.
- E. Must inform the patient about the Notice of Privacy Practices before delivering treatment.

**Answer: C**

#### NEW QUESTION 3

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 4

This transaction type is a "response" transaction that may include information such as accepted/rejected claim, approved claim(s) pre-payment, or approved claim(s) post- payment:

- A. 270.
- B. 820
- C. 837.
- D. 277.
- E. 278.

**Answer: D**

#### NEW QUESTION 5

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 6

In terms of Security, the best definition of "Access Control" is:

- A. A list of authorized entities, together with their access rights.
- B. Corroborating your identity.
- C. The prevention of an unauthorized use of a resource.
- D. Proving that nothing regarding your identity has been altered
- E. Being unable to deny you took part in a transaction.

**Answer: C**

#### NEW QUESTION 7

Encryption is included as an addressable implementation specification under which security rule standard?

- A. Information Access Management
- B. Security Management Process
- C. Evaluation
- D. Transmission Security

E. Device and Media Controls

**Answer:** D

#### NEW QUESTION 8

One implementation specification of the Security Management Process is:

- A. Risk Analysis
- B. Authorization and/or Supervision
- C. Termination Procedures
- D. Contingency Operations
- E. Encryption and Decryption

**Answer:** A

#### NEW QUESTION 9

Policies requiring workforce members to constantly run an updated anti-virus program on their workstation might satisfy which implementation specification?

- A. Risk Management
- B. Protection from Malicious Software
- C. Facility Security Plan
- D. Response and Reporting
- E. Emergency Access Procedure

**Answer:** B

#### NEW QUESTION 10

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

- A. A covered entity must designate, and document, a privacy official, security officer and a HIPAA compliance officer
- B. A covered entity must designate, and document, the same person to be both privacy official and as the contact person responsible for receiving complaints and providing further information about the notice required by the regulations.
- C. A covered entity must implement and maintain written or electronic policies and procedures with respect to PHI that are designed to comply with HIPM standards, implementation specifications and other requirements.
- D. A covered entity must train, and document the training of, at least one member of its workforce on the policies and procedures with regard to PHI as necessary and appropriate for them to carry out their function within the covered entity no later than the privacy rule compliance date
- E. A covered entity must retain the document required by the regulations for a period often years from the time of it's creation or the time it was last in effect, which ever is later.

**Answer:** C

#### NEW QUESTION 10

The best example of a party that would use the 835 - Health Care Claim Payment/Advice transaction is:

- A. HHS.
- B. A community health management information system.
- C. Health statistics collection agency.
- D. Government agency
- E. Insurance Company.

**Answer:** E

#### 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. 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 13

This code set is used to describe or identify radiological procedures and clinical laboratory tests:

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

**Answer:** E

#### NEW QUESTION 16

Select the best statement regarding the definition of a business associate of a covered entity. A business associate is:

- A. A person who acts on behalf of a non-covered entity.
- B. A person who's function may involve claims processing, administration, data analysis or practice management with access to PHI.
- C. A person who is a member of the covered entity's workforce.
- D. A clearinghouse.
- E. A person that performs or assists in the performance of a function or activity that involves the use or disclosure of de-identified health information.

**Answer:** B

#### NEW QUESTION 18

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 23

The Health Care Claim Status Response (277) can be used in a number of ways. Select the correct usage.

- A. As a response to a health care claim status request
- B. As a health care claim payment advice
- C. Electronic funds transfer
- D. As a request for health care claims status
- E. Request for the psychotherapy notes of a patient

**Answer:** A

#### NEW QUESTION 28

The National Provider Identifier (NPI) will eventually replace the:

- A. NPF.
- B. NPS.
- C. CDT.
- D. ICD-9-CM, Volume 3.
- E. UPIN.

**Answer:** E

#### NEW QUESTION 32

As defined in the HIPAA regulations, a group of logically related data in units is called a:

- A. Data group
- B. Segment
- C. Transaction set
- D. Functional group
- E. Interchange envelope

**Answer:** B

#### NEW QUESTION 37

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 39

A business associate:

- A. Requires PKJ for the provider and the patient.
- B. Is electronically stored information about an individual's lifetime health status and healthcare.
- C. Is another name for an HMO.
- D. Identities all non-profit organizations.
- E. Is a person or an entity that on behalf of the covered entity performs or assists in the performance of a function or activity invoking the use or disclosure of health- related information.

**Answer:** E

#### NEW QUESTION 41

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 43

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 46

A health care clearinghouse is an entity that:

- A. Requires PKI for the provider and the patient.
- B. Is exempt from HIPAA regulations.
- C. Is a not-for-profit operation.
- D. Identifies all hospitals and health care organizations.
- E. Performs the functions of format translation and data conversion.

**Answer:** E

#### 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 51

Patient identifiable information may include:

- A. Country of birth.
- B. Telephone number.
- C. Information on past 3 employers.
- D. Patient credit reports.
- E. Smart card-based digital signatures.

**Answer:** B

#### NEW QUESTION 54

The transaction number assigned to the Health Care Claim Payment/Advice transaction is:

- A. 270
- B. 276
- C. 834
- D. 835
- E. 837

**Answer:** D

#### NEW QUESTION 56

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

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 60

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 63

A pharmacist is approached by an individual and asked a question about an over-the-counter medication. The pharmacist needs some protected health information (PHI) from the individual to answer the question. The pharmacist will not be creating a record of this interaction. The Privacy Rule requires the pharmacist to:

- A. Verbally request 3 consent and offer a copy of the Notice of Privacy Practices.
- B. Verbally request specific authorization for the PHI.
- C. Do nothing more.
- D. Obtain the signature of the patient on their Notice of Privacy Practices.
- E. Not respond to the request without an authorization from the primary physician.

**Answer:** C

#### NEW QUESTION 68

Which of the following is not one of the HIPAA Titles?:

- A. Title IX: Employer sponsored group health plans.
- B. Title III: Tax-related Health Provisions.
- C. Title II: Administrative Simplification.
- D. Title I: Health Care Insurance Access, Portability, and Renewability.
- E. Title V: Revenue Offsets.

**Answer:** A

#### NEW QUESTION 69

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 70

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 71

This transaction, which is not a HIPAA standard, may be used as the first response when receiving a Health Care Claim (837):

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



**Answer:** E

#### NEW QUESTION 74

One characteristic of the Notice of Privacy Practices is:

- A. It must be written in plain, simple language
- B. It must explicitly describe all uses of PHI
- C. A description about the usage of hidden security cameras for tracking patient movements for implementing privacy.
- D. A description of the duties of the individual
- E. A statement that the individual must abide by the terms of the Notice.

**Answer:** A

#### NEW QUESTION 77

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 81

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 86

Select the correct statement regarding the Notice of Privacy Practices.

- A. The Notice must be signed before a State authorized notary
- B. Direct Treatment Providers must make a good faith effort to obtain patient's written acknowledgement of Notice of Privacy Practices.
- C. Organizations may not have a "layered" Notice - a short, summary Notice preceding the more detailed Notice.
- D. Authorization forms are mandatory for the Notice to be valid
- E. An individual must sign an authorization before a state authorized notary.

**Answer:** B

#### NEW QUESTION 89

A key date in the transaction rule timeline is:

- A. October 16, 2003 - small health plans to begin testing without ASCA extension
- B. October 16, 2004 - full compliance deadline for small health plans
- C. April 16, 2004 - small health plans to begin testing with ASCA extension
- D. April 16, 2003 - deadline to begin testing with ASCA extension
- E. April 14, 2003; deadline to begin testing with the ASCA extension.

**Answer:** D

#### NEW QUESTION 94

Use or disclosure of Protected Health Information (PHI) for Treatment, Payment, and Health care Operations (TPO) is:

- A. Limited to the minimum necessary to accomplish the intended purpose.
- B. Left to the professional judgment and discretion of the requestor.
- C. Controlled totally by the requestor's pre-existing authorization document.
- D. Governed by industry "best practices" regarding use
- E. Left in force for eighteen (18) years.

**Answer:** A

#### NEW QUESTION 96

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