



## CONFIDENTIALITY QUIZ

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Please answer the questions below. When you are done, use the answer key to check and correct your answers. Send the completed quiz, along with your signed Confidentiality Oath, to:

Attn: Beth Hoch  
First 5 Alameda County  
1115 Atlantic Avenue  
Alameda, CA 94501

1. What does PHI stand for? a. <input type="checkbox"/> Protected Home Identity b. <input type="checkbox"/> Private Health Identity c. <input type="checkbox"/> Protected Health Information d. <input type="checkbox"/> Personal Happiness Index
2. Which of the following does PHI include: a. <input type="checkbox"/> All Protected Health Information b. <input type="checkbox"/> Past, present physical and/or mental health condition of a person c. <input type="checkbox"/> Health care, health services, health treatment received by a person d. <input type="checkbox"/> Information that identifies or could be used to identify the individual e. <input type="checkbox"/> All of the above
3. PHI is considered "protected" for confidentiality purposes when it is communicated in an email. <input type="checkbox"/> True <input type="checkbox"/> False
4. You are working on an internal report about the amount of depression experienced by the clients you served for the past 5 years. Because you have a signed release for each woman screened for depression, you can list their names in the report. <input type="checkbox"/> True <input type="checkbox"/> False
5. What are the three specially protected information categories? a. <input type="checkbox"/> Mental Health, Substance Abuse, Cancer b. <input type="checkbox"/> Mental Health, Substance Abuse, HIV c. <input type="checkbox"/> Substance Abuse, HIV, Genetic Information d. <input type="checkbox"/> Mental Health, Cancer, Alcoholism
6. Corrections and amendments need to be made to a medical record in how many days? a. <input type="checkbox"/> 15 days b. <input type="checkbox"/> 30 days c. <input type="checkbox"/> 90 days d. <input type="checkbox"/> 30 or 90 days depending on where the information is stored

7. Which organization is NOT a health care provider?

a.  Public Health Nursing

b.  Regional Center

c.  LifeLong Medical Clinic

d.  Highland Hospital

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8. The client must sign the authorization to share information to receive services from a program.

True  False

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9. Legally, information can be released to which of the following without the client signing a release of information form:

a.  Law enforcement- Child Abuse Reporting, Elder Abuse, Domestic Violence

b.  Health care operations - includes QA, evaluations and training

c.  Health care insurers for payment - includes billing and eligibility

d.  Health Care Provider to Health Care Provider, minimum necessary to provide services (excluding mental health, substance abuse, HIV)

e.  During supervision and case consultation

f.  All of the above

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10. To meet confidentiality standards, we ask parents/guardians to sign:

a.  Authorization for Services

b.  Authorization to Release and Exchange Information

c.  Receipt of the HIPAA Summary following the provision of the HIPAA Notice of Privacy Practice

d.  a and b only

e.  All of the above

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11. It is ok to send an email including a client's name with someone in the county system if –

a.  The county system is CPS

b.  The client has signed an authorization to share information with Regional Center

c.  Never - email communication is not protected

d.  If the client says it is ok

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12. A client can only get a copy of their medical record if they have a letter from a lawyer.

True  False

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13. If a parent or caregiver refuses to share any information about mental health, HIV or substance abuse, that refusal should be documented in the chart.

True  False

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Answer Key:

1. c	2. e	3. False	4. False	5. b	6. d	7. b
8. False	9. f	10. e	11. c	12. False	13. False	

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