

## HIPAA Post Test

1. **T F** EVERY staff member is responsible to ensure that protected health information is maintained confidentially, and securely.
2. **T F** PHI is **individually identifiable** information that relates to health status, provision of healthcare, or payment for healthcare.
3. **T F** We need authorization from a resident to disclose PHI for treatment purposes.
4. **T F** One should only use or disclose the minimum necessary amount of information/PHI required to meet their intended purpose.
5. **T F** It is okay to share my password with a co-worker in the same job category.
6. **T F** If I am using a portable device with PHI on it (laptop, thumb drive) I need to alert the IS department and ensure the device is encrypted.
7. **T F** All requests for resident records must be processed by the Medical Records Department.
8. **T F** The facility must report any breaches to the individual whose information was compromised, to the Department of Health and Human Services, and in some cases the media.
9. **T F** Masonic Pathways has a Security Officer and a Privacy Officer.
10. **T F** Staff **MUST** report any knowledge regarding a violation of the HIPAA/HITECH policies/procedures, including a breach to their manager, Security Officer, and/or Privacy Officer.
11. **T F** It is okay to discuss PHI in the hallway, outside of work or on social media if only using a resident's first name.

**I understand Masonic Pathways policy regarding the privacy and security of its residents' protected health information ("PHI") which is designed to ensure compliance with all applicable rules and regulations regarding the confidential treatment of our residents' information. I hereby agree, pledge, and undertake that I will not at any time, during my employment or association with Masonic Pathways, or after my employment or association ends, access or use PHI, or reveal or disclose to any persons within or outside of Masonic Pathways, any PHI except as may be required in the course of my duties and responsibilities and in accordance with applicable laws and/or policies of Masonic Pathways governing the proper release of information. I also understand that the unauthorized use or disclosure of a resident's PHI will result in disciplinary action up to and including termination of my employment/contract/association/or appointment, the imposition of fines pursuant to state and federal laws, and a report to my professional regulatory body.**

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Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date