Fundamentals of Law for Health Informatics and Information Management

Third Edition

Check Your Understanding Answer Key

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Chapter 1

Introduction to Fundamentals of Law for Health Informatics and Information Management

Check Your Understanding 1.1
Instructions: Indicate whether the following statements are true or false (T or F).

1. An electronic personal health record contains health-related information on an individual. T
2. An EHR can be managed across more than one healthcare organization. T
3. HIPAA represents a private law designed to protect patient information. F
4. Patient portals are used to encourage patient engagement in their care. T
5. HITECH limited the scope of privacy and security protections under HIPAA. F

Check Your Understanding 1.2
Instructions: Indicate whether the following statements are true or false (T or F).

1. The US Constitution expressly grants the right of privacy to individuals. F
2. Confidentiality is a legal concept designed to protect the communication between two parties. T
3. Security refers to the right to be left alone. F
4. Ownership of a health record generated by a physician on a patient belongs to the patient. F
5. A custodian of records is responsible for certifying that a record is what it purports to be. T

Chapter 2

Law and Ethics

Check Your Understanding 2.1
Instructions: Indicate whether the following statements are true or false (T or F).

1. Psychologically, an individual will seek fulfillment of their basic needs before considering ethical repercussions of their actions. T
2. The level of ethics increases as responsibility and position in the industry increases. T
3. When a patient refuses treatment, he or she is exercising the ethical principle of beneficence. F
4. The ethical principle of nonmaleficence refers to making sure rules are fairly and consistently applied to all.  

Check Your Understanding 2.2

Instructions: Indicate whether the following statements are true or false (T or F).

1. Conflicts of interest can be both unethical as well as illegal.  
   T

2. A code of ethics should guide patient behavior.  
   F

3. The HIM professional’s ethical duty ends when the patient’s record is complete.  
   F

4. A profession’s code of ethics should be created and maintained by individuals in that profession.  
   T

5. AHIMA created the Consumer Health Information Bill of Rights for the purpose of educating healthcare providers about the protections and safeguards related to health information.  
   F

Check Your Understanding 2.3

Instructions: Indicate whether the following statements are true or false (T or F).

1. Taking a step-by-step approach to ethical decision making can assist an HIM professional when faced with a challenging decision.  
   T

2. Stem cell research is an example of a bioethical issue.  
   T

3. GINA is an ethical code used to establish expected responses to conflicts of interest.  
   F

4. When making an ethical decision, the first step is to gather the applicable facts.  
   T

5. Ethics committees create internal recommendations for ethical decisions.  
   T

Chapter 3

The Legal System in the United States

Check Your Understanding 3.1

Instructions: Indicate whether the following statements are true or false (T or F).

1. Administrative law is created by court decisions.  
   F

2. Persuasive authority occurs when a court looks to another court’s decision for guidance, even if it is not required to do so.  
   T

3. The United States Code is a compilation of federal court decisions.  
   F
4. Private law defines rights and duties between individuals and the government. F
5. Statutes are enacted by administrative agencies. F

Check Your Understanding 3.2
Instructions: Indicate whether the following statements are true or false (T or F).
1. Federally, ultimate executive branch power rests with the president. T
2. Judicial disputes may arise from constitutional challenges to existing laws. T
3. The US Congress is a unicameral model. F
4. Healthcare is regulated at both the federal and state levels of government. T
5. Jurisdiction is a territory of legal control. T

Check Your Understanding 3.3
Instructions: Indicate whether the following statements are true or false (T or F).
1. In mediation, a third party makes a final decision about a dispute between parties. F
2. Diversity jurisdiction enables parties from different states to engage in a lawsuit in federal court. T
3. Healthcare accrediting bodies are seen as having little authority because they do not have the legal authority of laws. F
4. Appellate courts hear appeals on final judgments of trial court decisions. T
5. An opinion is the written argument of one of the parties in a lawsuit. F

Chapter 4
Legal Proceedings

Check Your Understanding 4.1
Instructions: Indicate whether the following statements are true or false (T or F).
1. A cross-claim is a claim by a defendant against a plaintiff. F
2. Joinder involves bringing an outsider into a lawsuit as a codefendant. T
3. Procedural law encompasses a court’s rules that guide a lawsuit. T
4. Notification of a lawsuit occurs through service of a summons. T
5. Class action lawsuits proceed for groups of consumers. T
Check Your Understanding 4.2
Instructions: Indicate whether the following statements are true or false (T or F).
1. Admissibility refers to evidence that parties can obtain during the pretrial period.  
   F
2. An independent mental examination may be requested as a type of discovery.  
   T
3. Interrogatories are prepared for both independent witnesses and parties to a lawsuit.  
   F
4. A deposition does not occur under oath. F
5. Discovery allows parties in a lawsuit to use strategies to obtain information held by other 
   parties. T

Check Your Understanding 4.3
Instructions: Indicate whether the following statements are true or false (T or F).
1. A subpoena is another name for a court order.  
   F
2. A court order is issued by a judge.  
   T
3. In most cases, a subpoena for health records must be accompanied by patient authorization.  
   T
4. Written objections to subpoenas may be made in a motion to quash.  
   T
5. A subpoena duces tecum primarily seeks an individual’s testimony.  
   F

Check Your Understanding 4.4
Instructions: Indicate whether the following statements are true or false (T or F).
1. An expert witness is called to testify based on her own observations of the situation that 
   prompted the lawsuit. F
2. In civil cases, the burden of proof is “beyond a reasonable doubt.” F
3. Peremptory challenges are dismissals of jurors based on stated reasons. F
4. A defendant is not permitted to be in the courtroom when the plaintiff’s witnesses are 
   testifying. F
5. A bench trial is a trial without a jury. T

Check Your Understanding 4.5
Instructions: Indicate whether the following statements are true or false (T or F).
1. The party that appeals a lower court’s decision is the appellee. F
2. Garnishment is a court-ordered collection of money damages that is awarded to the plaintiff
through a set-aside of the defendant’s wages. T

3. A civil judgment is always expressed in dollar amounts. F

4. Appeals must be based on alleged errors or disputes of fact. F

5. A judgment lien is an encumbrance placed on a defendant’s property. T

Chapter 5
Evidence

Check Your Understanding 5.1
Instructions: Indicate whether the following statements are true or false (T or F).

1. Circumstantial evidence requires reasoning to prove a fact. T

2. To determine whether a piece of health information is admissible one can only rely on the FRE. F

3. To use health information as evidence it must be discoverable and admissible based on procedural and evidentiary rules. T

4. Relevant evidence will always be admitted into evidence. F

5. Courts make the automatic assumption that written evidence is trustworthy. F

Check Your Understanding 5.2
Instructions: Indicate whether the following statements are true or false (T or F).

1. The physician-patient privilege may be waived when a party claims damages by the physician and puts his physical or mental condition at issue. T

2. Apologies from providers to patients for medical mistakes are often protected by state law from use as evidence of wrongdoing by the provider. T

3. It is the physician who holds the physician-patient privilege. F

4. The physician-patient privilege is used to encourage full disclosure of relevant information by patients to their physicians. T

5. The best evidence rule prohibits the use of a duplicate record in lieu of the original. F

Check Your Understanding 5.3
Instructions: Indicate whether the following statements are true or false (T or F).

1. Spoliation is the accidental destruction of evidence. F
2. The purpose of a “legal hold” is to prevent spoliation of potential evidence. T

3. Organizations with electronic information should develop guidelines to identify where information may be hidden or not readily apparent. T

4. A legal hold requires the preservation of both paper and electronic records. T

5. A record retention schedule that outlines when records may be destroyed enables an organization to destroy records regardless of a legal hold. F

Check Your Understanding 5.4

Instructions: Indicate whether the following statements are true or false (T or F).

1. Incident reports are created for patient treatment purposes and should be a part of the health record. F

2. State law may protect incident reports from being admitted into evidence. T

3. The purpose of an incident report is to hide the fact that the incident occurred by documenting on the report rather than documenting anything in the health record. F

4. Peer review involves activities undertaken to ensure the provision of quality care. T

5. Plaintiffs commonly attempt to discover and admit peer review records into evidence during negligence cases against health care providers. T

Chapter 6

Tort Law

Check Your Understanding 6.1

Instructions: Indicate whether the following statements are true or false (T or F).

1. The law provides exceptions to false imprisonment liability where involuntarily hospitalized patients pose harm to themselves or others. T

2. A tort is a civil wrong. T

3. Liability refers to a legal obligation or responsibility. T

4. Intentional infliction of emotional distress is a tort that results in extreme emotional distress to the plaintiff. T

5. Assault is an intentional tort that involves nonconsensual contact with the plaintiff. F
Check Your Understanding 6.2

Instructions: Indicate whether the following statements are true or false (T or F).
1. The standard of care is what an individual is expected to do or not do in a particular situation.  
   T
2. Misfeasance is the failure to act per one’s duty or according to the way a reasonably prudent person would act.  
   F
3. The two types of causation are actual and proximate.  
   T
4. Punitive damages punish the wrongdoer for tortious conduct that was committed.  
   T
5. Negligence is the second most common basis for medical malpractice lawsuits, following intentional torts.  
   F

Check Your Understanding 6.3

Instructions: Indicate whether the following statements are true or false (T or F).
1. Per the theory of respondeat superior, a hospital is liable in its own right to the patients it serves.  
   F
2. Per the doctrine of res ipsa loquitur, an inference or presumption of the defendant’s negligence is permitted.  
   T
3. Contributory negligence completely bars recovery by a plaintiff whose conduct contributed to the plaintiff’s injury.  
   T
4. Assumption of risk is a viable defense by physicians in most medical malpractice cases.  
   F
5. Per the theory of corporate negligence, a hospital is liable in its own right.  
   T

Check Your Understanding 6.4

Instructions: Indicate whether the following statements are true or false (T or F).
1. Fiduciary duty is the obligation to act in the best interests of another party.  
   T
2. To successfully claim breach of confidentiality, a plaintiff must establish that the defendant had a duty not to disclose the information.  
   T
3. Libel is spoken defamation.  
   F
4. Privilege is a defense to an invasion of privacy claim.  
   T
5. Good Samaritan statutes encourage good-faith emergency assistance by providing immunity if ordinary negligence is committed by those who assist in medical emergencies.  
   T

Check Your Understanding 6.5

Instructions: Indicate whether the following statements are true or false (T or F).
1. The affidavit of merit allows a greater number of personal injury lawsuits to be filed.  
   F
2. A statute of limitations places time limits on certain claims.  
   T
3. A tolled statute of limitations is one that has been delayed or suspended.  
   T
4. Wrongful acts committed in the healthcare environment can lead only to civil liability. F
5. Collateral source payments are payments received by the plaintiff from sources other than the defendant. T

Chapter 7
Corporations, Contracts, and Antitrust Legal Issues

Check Your Understanding 7.1
Instructions: Indicate whether the following statements are true or false (T or F).
1. Governing body members are protected from personal liability associated with the decisions they make on behalf of the corporation. T
2. "Piercing the corporate veil" enables the owners of a corporation to be shielded from liability for wrongdoing committed through the corporation. F
3. Fiduciary duty includes the duty of loyalty and the duty of responsibility. T
4. A not-for-profit corporation is prohibited from making money. F
5. A healthcare organization may not form as a partnership. F

Check Your Understanding 7.2
Instructions: Indicate whether the following statements are true or false (T or F).
1. A hold harmless clause may provide for compensation by one individual to another. T
2. A breach of contract judgment always requires monetary compensation. F
3. An acceptance of an offer reflects a meeting of the minds regarding the contract terms. T
4. To be valid, a contract must be in writing. F
5. Mistake of fact is a potential defense for nonperformance of a contract. T

Check Your Understanding 7.3
Instructions: Indicate whether the following statements are true or false (T or F).
1. Antitrust violations are generally governed by individual state laws. F
2. The Federal Trade Commission allows hospitals to offer misleading prices on their services in order to be competitive with others in their geographic area. T
3. There are nine safety zones in healthcare that the federal government will generally not challenge as antitrust violations. T
4. Joint ventures to offer specialized services will often be challenged as antitrust violations. F
5. The Sherman Act is the oldest of the three major federal antitrust statutes. T
Check Your Understanding 7.4

Instructions: Indicate whether the following statements are true or false (T or F).

1. Economic credentialing is the granting of medical staff privileges based on quality of care indicators. F
2. Antitrust claims are valid only if they relate to an entire group of individuals who have been denied privileges at a healthcare organization. F
3. Bylaws should include a mechanism to request and hold a fair hearing in the event a physician wishes to challenge an adverse decision. T
4. Courts uphold all noncompete agreements in order to protect the livelihood of organizations that have had an employee or a contractor leave for other opportunities. F
5. The number of procedures performed by a provider may be linked to clinical performance and quality issues when determining medical staff privileges. T

Chapter 8
Consent to Treatment

Check Your Understanding 8.1

Instructions: Indicate whether the following statements are true or false (T or F).

1. A person must give permission to receive medical treatment through express consent. F
2. Healthcare providers should encourage patients to waive consent. F
3. Informed consent should include alternatives to the proposed treatment or procedure. T
4. The law permits a presumption of consent during emergency situations. T
5. IRBs may waive the informed consent requirement for research that only involves retrospective record of patient records. T

Check Your Understanding 8.2

Instructions: Indicate whether the following statements are true or false (T or F).

1. Unless it is designated as durable, a power of attorney is only effective when the principal has capacity. T
2. If it is considered a springing DPOA for healthcare decisions, the agent will have decision-making power in all circumstances. F
3. A durable power of attorney for healthcare decisions expresses an individual’s wishes to limit treatment measures when specific health-related diagnoses or conditions exist and the
individual cannot communicate on his own behalf. F (Note: the DPOA need not “limit treatment measures” – the agent may in fact authorize any and all care on behalf on the principal.)
4. The technical process for executing a living will is standardized nationally. F
5. The Patient Self-Determination Act requires hospitals that are Medicare providers to document in the health record whether an individual has an advance directive. T
6. The Uniform Anatomical Gift Act permits an anatomical gift by any person designated to make decisions about a decedent’s remains, as long as no objection is known. T
7. A decision to be an organ donor can only be made by an adult (person of legal age). F

Check Your Understanding 8.3
Instructions: Indicate whether the following statements are true or false (T or F).
1. A competent adult’s right to refuse consent to medical treatment applies even when the treatment is lifesaving. T
2. A healthcare organization can confidently follow the wishes expressed in a properly executed advance directive, even if the patient (who is competent) has changed his or her mind. F
3. In right-to-die cases, courts will balance an individual’s right to self-determination against the interest of the state. T
4. An emancipated minor is one who has not been afforded legal status as an adult. F
5. State laws generally allow minors to seek medical treatment for sexually transmitted diseases without parental consent. T

Check Your Understanding 8.4
Instructions: Indicate whether the following statements are true or false (T or F).
1. Battery is the usual basis of a claim for which an individual did not give consent for a procedure that was performed. T
2. The basis for a lack of informed consent claim is generally negligence. T
3. General consent allows healthcare providers to provide routine noninvasive services. T
4. The use of short consent forms generally requires the signature of a witness to the explanation of risks, benefits, and alternatives. T
5. So-called “long” consent forms are only associated with human subjects research. T
Chapter 9
Legal Health Record: Maintenance, Content, Documentation, and Disposition

Check Your Understanding 9.1
Instructions: Indicate whether the following statements are true or false (T or F).

1. The most important purpose of the health record is to provide proof of services for reimbursement. F
2. Health records using a combination of paper and electronic formats are hybrid records. T
3. The health record is not a business record of an organization. F
4. Paper records are persistent, but electronic records are not. F
5. There are both federal and state versions of the Uniform Photographic Copies of Business and Public Records as Evidence Act. T

Check Your Understanding 9.2
Instructions: Indicate whether the following statements are true or false (T or F).

1. A jury may be permitted to infer provider negligence based on missing or incomplete information in the health record. T
2. Concurrent reviews of unsigned orders lead to more timely authentication. T
3. “Patient appears to be anxious” is an example of good documentation in the health record. F
4. Charting for a block of time is recommended because it saves time. F
5. Professional conclusions of individual practitioners should be documented in the health record so that they agree with one another. F

Check Your Understanding 9.3
Instructions: Indicate whether the following statements are true or false (T or F).

1. Auto-attestation is favored by the Joint Commission because it is an efficient attestation tool. F
2. Author initials are universally prohibited as an attestation mechanism in a health record. F
3. Metadata provides information about an entry’s content, including date and time of creation. T
4. A digitized signature is a handwritten signature that is converted into an electronic image. T
5. A countersignature signifies review and evaluation of the actions and documentation of another provider. T
Check Your Understanding 9.4
Instructions: Indicate whether the following statements are true or false (T or F).

1. Illegibility has been reduced through the presence of EHRs. **T**
2. A Joint Commission–accredited organization may use any abbreviation in a health record as long as it is explained in a facility-wide key or legend. **F**
3. Incorrect information in the health record should be obliterated so that it cannot be confused with the updated, corrected information placed in the record. **F**
4. EHR cut, copy, and paste functions strengthen documentation integrity. **F**
5. A late entry in the health record should not be identified as such because it may lead to negligence liability. **F**

Check Your Understanding 9.5
Instructions: Indicate whether the following statements are true or false (T or F).

1. A patient’s PHR is a business record. **F**
2. Statutes of limitations may not be considered when establishing a health record retention schedule. **F**
3. Printing of paper copies from electronic health records should be encouraged because it allows more providers to access the information. **F**
4. A master patient index is a directory of patient-identifying information. **T**
5. When establishing a health record retention schedule, an organization must retain all records for the same period of time. **F**

Check Your Understanding 9.6
Instructions: Indicate whether the following statements are true or false (T or F).

1. Health record disposition includes transferring records from paper to an optical imaging system. **T**
2. The most secure way to destroy electronic information is to destroy the medium that the information is stored on. **T**
3. When a physician closes a practice, all health records should be destroyed immediately to protect the privacy of patient information. **F**
4. Data in a health record should be kept forever. **F**
5. When an e-mail message is deleted, it is eliminated from an organization’s electronic system. **F**
Chapter 10
HIPAA Privacy Rule: Part I

Check Your Understanding 10.1
1. Drug and alcohol abuse treatment records receive special protection under federal law.  
2. The Privacy Rule resides in the administrative simplification provision of Title II of HIPAA.  
3. The HITECH Act of ARRA of 2009 made minimal changes to the HIPAA Privacy Rule.  
4. FOIA was enacted to address the privacy of health information.  
5. The Conditions of Participation regulate all providers, including those who receive funds from the Medicare and Medicaid programs.

Check Your Understanding 10.2
1. A hospital employee’s pre-employment physical examination is in his personnel file in Human Resources; this report is PHI.  
2. A CE need only consider its employees when evaluating HIPAA compliance within the organization.  
3. Deidentified information receives Privacy Rule protections.  
4. In part, information must be individually identifiable to meet the definition of PHI.  
5. A BA is anyone who might have access to a CE’s PHI.  

Check Your Understanding 10.3
1. Use is the sharing of individually identifiable health information within an entity.  
2. Under the Privacy Rule, a personal representative must be treated the same as the individual regarding the use and disclosure of the individual’s PHI.  
3. A university with a medical center is a hybrid entity under the Privacy Rule.  
4. Some of the Privacy Rule’s requirements are relaxed or removed where PHI is needed for purposes of TPO.  
5. By definition, a DRS excludes billing records.

Check Your Understanding 10.4
1. One of the 12 public interest and benefit exceptions to the authorization requirements is disclosure to organ procurement agencies.  
2. The HIPAA consent explains an individual’s rights and the CE’s legal duties with respect to PHI.
3. Per the HIPAA Privacy Rule, patient authorization is required for the use or disclosure of PHI unless it meets an exception whereby authorization is not required.  
   T
4. Incidental disclosures require an individual’s written authorization.  
   F
5. Although an individual must verbally agree to be included in a facility directory, written authorization is not required.  
   T

Check Your Understanding 10.5

1. All communications that meet the definition of marketing require an authorization.  
   F
2. Fundraising may not target an individual based on diagnosis without prior authorization.  
   T
3. Sale of PHI as part of a merger is exempt from the authorization requirement.  
   T
4. The minimum necessary requirement does not pertain to disclosures for payment purposes.  
   F
5. The minimum necessary amount of information needed by individuals to do their jobs can vary across the workforce.  
   T

Chapter 11

HIPAA Privacy Rule: Part II

Check Your Understanding 11.1

1. An individual’s request for an amendment must be granted.  
   F
2. An individual has an automatic right of access to his or her psychotherapy notes.  
   F
3. A covered entity must always comply with an individual’s request for restrictions.  
   F
4. Complaints about alleged Privacy Rule violations must be submitted to the covered entity.  
   F
5. Disclosures made pursuant to an authorization may be excluded from an accounting of disclosures.  
   T

Check Your Understanding 11.2

1. The breach notification requirement was implemented under HITECH.  
   T
2. The threshold for required media notification in the event of a privacy breach is 300 affected individuals.  
   F
3. A waived authorization may be permitted by HIPAA in certain situations.  
   T
4. If encrypted PHI is disclosed without authorization, this is automatically a breach.  
   F
5. A compound authorization combines consent to participate in a research study with authorization to use or disclose PHI.  
   T
Check Your Understanding 11.3

1. Enforcement of the Privacy Rule will continue to operate exclusively on a complaint-based system.  F
2. The Privacy Rule provides a floor, or minimum, of privacy requirements.  T
3. Breach notification is one type of mitigation under the Privacy Rule.  T
4. To simplify processes, individuals may be required to waive their rights under the Privacy Rule to obtain treatment or benefits eligibility.  F
5. Under HITECH, state attorneys general may bring civil actions in federal district court on behalf of residents believed to have been negatively affected by a HIPAA violation.  T

Chapter 12
The HIPAA Security Rule

Check Your Understanding 12.1

1. CEs can decide to comply with only the Privacy Rule and don’t have to comply with the Security Rule.  F
2. The goal of the Security Rule is to ensure that patient information is protected from unauthorized access, alteration, deletion, and transmission.  T
3. The safeguard requirements in the Privacy Rule are equivalent to compliance with the Security Rule.  F
4. Computers storing ePHI that are easily assessable to the public pose a vulnerability to a CE.  T
5. Only healthcare providers are required to comply with the Security Rule.  F

Check Your Understanding 12.2

1. The Security Rule contains provisions that CEs can ignore.  F
2. Security awareness training is required every two years.  F
4. The Security Rule is completely technical and requires computer programmers to address.  F
5. The Security Rule contains both required and addressable standards.  T

Chapter 13
Security Threats and Controls

Check Your Understanding 13.1

Instructions: Indicate whether the following statements are true or false (T or F).
1. Hacking is more prevalent in healthcare due to the value of patient information on the black market.  T
2. Internal security breaches are far more common than external breaches. T
3. The Identity Theft and Assumption Deterrence Act of 1998 makes it a federal crime to commit an act of identity theft. T
4. Vulnerabilities and threats are terms that can be used interchangeably. F
5. Healthcare organizations are excluded from the definition of “creditor” under FACTA. F
6. Red flags are used to help a healthcare provider detect medical identity theft. T
7. Medical identity theft has increased because of the expansion of electronic health record utilization and the expanded availability of data. T

Check Your Understanding 13.2
Instructions: Indicate whether the following statements are true or false (T or F).
1. Training is not necessary for remote workforce members as long as encryption is in place in the organization. F
2. Content Based Access Control is less stringent than Role Based Access Control. F
3. Biometric identifiers signify something that the user knows. F
4. Employee nondisclosure agreements are particularly important for employees who work in remote locations or telecommute. T
5. Employee training programs are not necessary to protect the security of PHI. F
6. An audit trail is a record that shows when a particular user accessed a computer system. T
7. It is best practice to select a very strong password and use it for all accounts. F

Check Your Understanding 13.3
Instructions: Indicate whether the following statements are true or false (T or F).
1. Data encryption ensures that data transferred from one location on a network to another are secure from eavesdropping or data interception. T
2. Assignment of patient medical record numbers is one of the priorities of the HIM professional during system downtime during a disaster. T
3. Facsimile machines provide a highly secure method of communication. F
4. Compliance with the HIPAA Security Rule is the only standards that should be considered when developing a security plan and performing a risk assessment. F
5. Disaster recovery and contingency plans related to ePHI are nice to have but not necessary. F
6. Organization’s firewall limits external Internet users from accessing portions of the healthcare network, but it does not limit internal users from accessing portions of the Internet F
7. E-mail related to patient care should be kept separate from the patient medical record. F
Chapter 14
Patient Rights and Responsibilities

Check Your Understanding 14.1
Instructions: Indicate whether the following statements are true or false (T or F).

1. The interpretive physician-patient relationship involves the patient as a passive recipient. F
2. The United States Constitution provides a right to healthcare. F
3. EMTALA was passed by Congress to combat transfer and discharge of patients, and refusal to treat, based on inability to pay. T
4. Failure to discharge a patient could constitute battery or false imprisonment. T
5. A court may decide that there is a compelling state interest in preserving life that overrides a patient’s right to refuse treatment. T

Check Your Understanding 14.2
Instructions: Indicate whether the following statements are true or false (T or F).

1. The American Hospital Association’s Patient Bill of Rights is now the Patient Care Partnership, which focuses on patient expectations, rights, and responsibilities. T
2. The Joint Commission standards specifically state that patients have the right to be free from neglect and exploitation. T
2. The Medicare Conditions of Participation also apply to Medicaid participating hospitals. T
3. The Affordable Care Act generally permits lifetime limits on health insurance benefits. F
5. Safekeeping of property must always be the patient’s responsibility. F

Check Your Understanding 14.3
Instructions: Indicate whether the following statements are true or false (T or F).

1. A restraint is a physical device only. F
2. Cultural competence deals primarily with language differences among patients. F
3. Patient portals are hosted by healthcare providers. T
4. Billing advocates work for healthcare providers to ensure that patients pay their medical bills in full. F
5. Patients have the responsibility to work with providers in carrying out agreed-upon treatment plans. T
Chapter 15
Access, Use and Disclosure and Release of Health Information

Check Your Understanding 15.1
Instructions: Indicate whether the following statements are true or false (T or F).

1. Ownership of a health record has traditionally been granted to the provider. T
2. A patient must allow their health information to be shared with a health information exchange. F
3. An emancipated minor may authorize for disclosure of his or her health information. T
4. Employees directly involved in patient care do not require authorization to access the patient’s record. T
5. Attorneys have automatic access to patient information because they are officers of the court. F

Check Your Understanding 15.2
Instructions: Indicate whether the following statements are true or false (T or F).

1. HIPAA does distinguish highly sensitive health information from other types of health information. F
2. Psychotherapy notes are always part of the behavioral health record. F
3. The duty-to-warn obligation enables a physician to disclose information to a third party who may be the victim of harm perpetrated by a patient. T
4. For a substance abuse program to be in compliance with the Privacy Rule, the authorization of disclosure of information should include specific elements required by the Privacy Rule. T
5. It is best policy to provide a special mark or notice on an HIV/AIDS patient health record in order to ensure extra privacy precautions on the record. F

Check Your Understanding 15.3
Instructions: Indicate whether the following statements are true or false (T or F).

1. Title I of GINA prohibits the use of genetic information by health plans for underwriting purposes. T
2. Title II of GINA focuses allows employers to use genetic information to make employment decisions. F
3. Some states provide that physical and mental health of a minor adoptee be given to the adoptive parents at the time of the adoption. T
4. An adoptee’s birth record is restricted in order to protect the biological parent(s) unless both parties have agreed to have their identities disclosed in a mutual consent registry. T
5. Only the adult adoptee can decide if he or she may access the health information of his or her biological parents for health risk purposes. F

Check Your Understanding 15.4
Instructions: Indicate whether the following statements are true or false (T or F).
1. In absence of a legal executor or administrator of an estate, states may follow the UHCDA to allow access to the health records of a deceased patient. T
2. The Freedom of Information Act, along with state open records laws including public records or sunshine laws, enables federal or state entities to protect personal health information from public access. T
3. An employer is entitled to information about an employee’s health or medical work fitness for work and non-work related health information. F
4. HIPAA does not allow the disclosure of personal health information on a patient who has contacted a disease that is monitored in by public health officials without the patient’s authorization. F
5. CLIA prohibits a patient from accessing lab results directly for the laboratory conducting the test. F

Check Your Understanding 15.5
Instructions: Indicate whether the following statements are true or false (T or F).
1. Documents not considered part of the LHR—for example, correspondence, incident reports, and information about other family members—should be released as part of the LHR. F
2. Proof of a requester’s relationship to a patient must be verified before health information is released to the requester. T
3. Regardless of the type of request made, if the request is from the patient, a formal authorization form is required per the HIPAA Privacy Rule. F
4. Health organizations and providers may charge a reasonable fee as set by state law for copying health records in response to a request for patient information. T
5. HIPAA requires that for the purpose of accounting of disclosures, only PHI that has been released electronically or in writing must be accounted for. F
Chapter 16
Required Reporting and Mandatory Disclosure Laws

Check Your Understanding 16.1
Instructions: Indicate whether the following statements are true or false (T or F).
1. Healthcare providers must report their suspicion of child abuse. T
2. Individuals who report neglect or abuse of children are protected from civil liability as long as they are reporting their concern in good faith. T
3. Information reported without patient authorization under federal laws should be included in the Notice of Privacy Practices. T
4. State required reporting laws are an exception to the doctrine of preemption. T
5. Abuse of the elderly is limited to physical neglect of an elder person. F

Check Your Understanding 16.2
Instructions: Indicate whether the following statements are true or false (T or F).
1. States can modify birth and death certificate information as long as certificates contain the minimum data required by the NCHS. T
2. The responsibility for notifying individuals who have had contact with an individual with an infected communicable disease is the person who has the disease. F
3. In the case of a suspicious death, a medical examiner or coroner has the right to receive medical information without authorization. T
4. The National Regulatory Commission (NRC) posts daily medical events related to radiation on their website which includes PHI in addition to the location and reporting person. F
5. The patient or family does not have the right to restrict a healthcare provider from disclosing PHI if the disclosure is required by state compensation laws. T

Check Your Understanding 16.3
Instructions: Indicate whether the following statements are true or false (T or F).
1. A hospital must report to the CMS Regional Office the death of a patient within 24 hours after the patient has been removed from restraint. T
2. The reporting of quality measures that includes PHI is mandatory by federal law. F
3. When a physician applies for staff privileges a hospital must query the NPDB only if the physician requests that the hospital does so. F
4. The FDA does not regulate electronic health records but it does regulate a number of health IT applications that may pose a risk to the health or safety of a patient. T
5. When an employee is injured at work he must authorization disclosure of his PHI before it can be reported to OSHA. F

Check Your Understanding 16.4
Instructions: Indicate whether the following statements are true or false (T or F).
1. Statewide cancer registries are frequently required to report data to the NCHS. T
2. Depending on state law, an individual may access his or her PHI housed in an immunization registry. T
3. Because implants are classified as Class III medical devices they are not regulated by the FDA, thus PHI would not be found in an implant registry. F
4. Transplant registries may include data about organ donors as well as organ recipients. T
5. A covered entity cannot disclose a patient’s PHI to a public health entity even if it is to prevent the spread of a disease unless the patient authorizes the disclosure. F

Chapter 17
Risk Management, Quality Improvement, and Patient Safety

Check Your Understanding 17.1
Instructions: Indicate whether the following statements are true or false (T or F).
1. Occurrence screening refers to analyzing records for evidence of unplanned or unexpected events. T
2. Patient safety is the ultimate goal of quality improvement and risk management activities. T
3. Risks are always isolated and remain confined to one area. F

Check Your Understanding 17.2
Instructions: Indicate whether the following statements are true or false (T or F).
1. Hospitals were exonerated from liability as a result of the Darling vs. Charleston landmark case. F
2. Risk management programs are most commonly governed by state law. T
3. A risk and opportunity identification process is very useful since it can predict all risks an organization may be exposed to. F
4. A claims management program can help prevent financial loss if an adverse event occurs. T
5. An incident report should be completed by an individual who was involved or witnessed the event. T
6. Hospitals may choose to contact the NPDB when reviewing an individual’s credential for staff privileges. F
Check Your Understanding 17.3
Instructions: Indicate whether the following statements are true or false (T or F).

1. A non-reviewable sentinel event would be the suicide of a patient with 72 hours of discharge from a facility. F
2. A root cause analysis process includes developing a process to prevent reoccurrence of the event. T
3. Joint Commission-accredited organizations are expected to have an organization wide, integrated patient safety program. T
4. Organizations are encouraged to self-report sentinel events to the Joint Commissions Sentinel Event Database. T
5. The Joint Commission Patient Safety Goals include many requirements that support the significance of proper clinical documentation. T

Check Your Understanding 17.4
Instructions: Indicate whether the following statements are true or false (T or F).

1. Healthcare providers voluntarily report confidential quality and patient safety data on events that adversely affected patients to Patient Safety Organizations. T
2. Providers who engage in peer review activities relate to patient safety and quality of healthcare have legal immunity for their involvement. T
3. Safety work products related to adverse event data that are shared with PSOs are always discoverable in a litigation situation. F
4. HHS and CMS quality strategies are guided by 3 aims - better care, healthy people/healthy communities and affordable care. T
5. Healthgrades represents one of many required programs for reporting of quality and patient safety measures. F

Chapter 18
Corporate Compliance

Check Your Understanding 18.1

1. If an overpayment is not returned to Medicare within 30 days, it becomes a violation of the False Claims Act. F
2. The primary difference between fraud and abuse is intention. T
3. Billing for services never rendered is one of the most common types of healthcare fraud. T
4. Paying physicians for referrals is a practice encouraged by Medicare. F
5. Some electronic health record features increase fraud and abuse risks. T
Check Your Understanding 18.2
1. For a provider to be liable under the False Claims Act, there must be proof of a specific intent to defraud. F
2. To fit within the Anti-Kickback Statute safe harbor for “electronic health records items and services,” the software must be interoperable. T
3. The Stark Law is another name for the Anti-Kickback Statute. F
4. The Stark Law is the government’s primary litigation tool for combating fraud. F
5. Risk-sharing arrangements are a Stark Law exception to the referral prohibition. T

Check Your Understanding 18.3
1. Mergers of healthcare organizations are subject to the Sherman Antitrust Act. T
2. The Deficit Reduction Act extended the application and scope of the current civil monetary penalty and exclusion authorities beyond programs funded by HHS to all Federal health care programs. F
3. The Patient Protection and Affordable Care Act added penalties for failing to report or return a known overpayment. T
4. Waivers of the Stark Law, False Claims Act, and the Civil Monetary Penalties Law provision relating to beneficiary inducements apply to certain ACO arrangements. F
5. When a provider is excluded from Federal healthcare programs, services he orders for a beneficiary of one of these programs will be paid as long as the service is furnished by a non-excluded provider. F

Check Your Understanding 18.4
1. The federal government’s primary approach to combating healthcare fraud is “pay and chase.” F
2. The Health Care Fraud Prevention and Enforcement Action Team (HEAT) uses real-time data analysis to investigate healthcare fraud cases. T
3. The Medicare Fee-for-Service improper payment rate calculated through the Comprehensive Error Rate Testing (CERT) program is widely regarded to be an accurate reflection of the true size of the fraud, waste, and abuse problem. F
4. The Government Accountability Office recommended that increased use of prepayment edits would help prevent improper Medicare payments. T
5. All billing errors that result in overpayments by a Federal healthcare program should be reported to the government through the Provider Self-Disclosure Protocol. F
Check Your Understanding 18.5
1. A corporate compliance program is an internal set of policies, processes, and procedures that an organization implements to help it act ethically and lawfully. **T**
2. An effective compliance program is a mitigating factor in reducing a provider's liability under fraud and abuse laws. **T**
3. The seven fundamental elements of an effective compliance program recommended by the OIG are based on HHS regulatory standards. **F**
4. Oversight of the compliance program is primarily the responsibility of the organization's general counsel. **F**
5. Detection of compliance violations is an important part of an effective compliance program. **T**

Chapter 19
Medical Staff
Check Your Understanding 19.1
1. The medical staff has the ultimate responsibility for the quality and financial well-being of the health organization. **F**
2. Medical staff bylaws are considered a contract and are legally binding in most states. **T**
3. The executive committee of the medical staff does not have to follow the medical staff bylaws. **F**
4. If a practitioner is assigned a medical staff category of “associate,” he or she can chair the medical staff executive committee. **F**
5. The classification of medical staff membership impacts a provider's ability to admit patients to a healthcare facility. **T**

Chapter 20
Workplace Law
Check Your Understanding 20.1
1. If an employee discovers he is carrying the gene that causes colon cancer, his insurance company can deny him insurance. **F**
2. The DOL can waive the requirement for a Form I-9 for some workers. **F**
3. A hospital has the right to deny employment to an applicant if that individual seeks reasonable accommodations to perform the job function. **F**
4. Sexual harassment can only be claimed if both workers are the same gender. **F**
5. Employers must handle the conditions of pregnancy and childbirth, or related medical conditions,
in the same manner as they handle medical conditions afforded an individual who seeks employment. T

Check Your Understanding 20.2

1. The Fair Labor Standards Act (FLSA) establishes the maximum wage for employees. F
2. Healthcare organizations are not allowed to have union employees. F
3. The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) requires employers to provide health insurance benefits to employees. T
4. A supervisor does not need to be familiar with union practices in the healthcare facility. F
5. Hospital employers must provide healthcare workers with information regarding what to do if the worker is accidentally stuck with a needle that has been used on a patient. T