



## HIPAA PRIVACY & SECURITY AWARENESS TRAINING POST TRAINING TEST

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Training Date: \_\_\_\_\_

Check one of the following:

- UMC Employee      Enter Department / Unit: \_\_\_\_\_
- Resident / Student      Enter School Name: \_\_\_\_\_
- Contractor from      Enter Company Name: \_\_\_\_\_
- Volunteer
- Allied Health

*Please check the correct answer for each of these questions:*

- |  | True                     | False                    |
|--|--------------------------|--------------------------|
| 1. The HIPAA regulations include Transaction and Code Sets rule, the Privacy rule and the Security rule.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. UMC must provide a copy of the Notice of Privacy Practices to every new patient and to anyone who requests a copy.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A patient will need oxygen at home after discharge. Information may be shared with the company who will provide the oxygen without an authorization from the patient.       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. HIPAA does not allow UMC to notify the Clark County Health District when a patient with a contagious disease is treated.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. UMC allows co-workers to share user ID's and passwords.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. UMC policy prohibits all users from sending any protected health information outside the hospital network via e-mail.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. All paperwork containing patient information must be placed in the recycle bins or shredded by the person discarding it.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. It is ok to open attachments I received in my personal hotmail e-mail account while I am at work.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. UMC's Privacy and Security policies and practices apply to every employee, resident, Medical Staff member, student, volunteer, contractor, and agency staff working in UMC. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. UMC has a HIPAA Privacy Hotline and a HIPAA Security Hotline that may be used to ask questions or report suspected violations anonymously.                                 | <input type="checkbox"/> | <input type="checkbox"/> |

If you have any questions regarding these answers, please contact the HIPAA Privacy Office at 383-3854.

*Please forward completed tests and Statements of Responsibility for Confidential Information to your manager or instructor. Managers / Instructors must forward them to Employee Education & Development.*



# Statement of Responsibility for Confidentiality of Information

NAME: (PLEASE PRINT) \_\_\_\_\_

DEPARTMENT or ACADEMIC PROGRAM: \_\_\_\_\_ TITLE: \_\_\_\_\_

During the course of your activity at the University Medical Center of Southern Nevada (UMC) and its affiliates, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with the UMC's policies and procedures. In order for UMC to properly care for patients certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to UMC. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about patients.
2. Medical and certain other personal information about employees.
3. Medical Staff records and committee proceedings.

By signing this Confidentiality Agreement, you acknowledge and agree that:

1. I will only access medical and certain other personal information about patients or employees for which I have a legitimate business purpose.
2. Any intellectual property or idea developed by me at the direction of UMC, in furtherance of UMC business interests, and / or on UMC time, or an intellectual property or idea derived therefrom, belongs exclusively to UMC.
3. Medical Information is confidential and my access is restricted to my legitimate medical need to know for diagnosis, treatment and care of a particular patient.
4. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of UMC.
5. I am obligated to provide safeguards designed to protect the security of UMC's patient information consistent with applicable policies and procedures of UMC.
6. Printed hard copies of confidential information must be shredded or disposed of in recycle containers.
7. If I am issued a unique user code, it is my responsibility to maintain this code in a confidential manner. This user code is my signature for accessing on-line computer systems.
8. My access and use of all computer systems and other sources of electronic information is subject to routine, random, and undisclosed surveillance by the hospital.
9. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my employment/educational affiliation by UMC and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.
10. Impermissible disclosure of confidential information about a person may result in legal action being taken against me by or on behalf of that person.
11. I understand that licensed health care providers are subject to sanctions for impermissible disclosure, including revocation, suspension, probation and public reprimand.
12. My confidentiality obligation shall continue indefinitely, including at all times after my association with UMC and its affiliates, such as termination of my employment or affiliation with UMC.

I have read and understand this confidentiality agreement, have had my questions fully addressed, and have made a copy for my permanent personal records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date