

Tri-Community Ambulance Service
New Member Orientation Training
HIPAA



Instructions: Once you have completed the training in-service materials, please complete this short post-test

HIPAA Post-Test

- 1) A _____ advises the patient about their rights under HIPAA
- _____ **Claim Form**
- _____ **Patient Care Report**
- _____ **Part 800 Form**
- _____ **Privacy Notice**
- 2) Tri-Community Maintains copies of the patient rights under HIPAA forms in the following locations:
- _____ **Ambulance/Flycar clipboards**
- _____ **Tri-Community Website under patient Tab > Privacy Notice**
- _____ **Both "a" and "b"**
- _____ **None of the above**
- 3) In regards to radio communications and HIPAA, the following is the BEST answer
- _____ **You may NEVER use PHI over the radio; regardless of the situation**
- _____ **You may use the address only, but NEVER the patient last name**
- _____ **HIPAA permits for disclosure of PHI, without restriction, whenever it is necessary for treatment purposes. The theory applied here is "if you cannot find the patient, you cannot treat the patient"**
- _____ **You may use the patient name only over the radio, but not address**
- 4) TRUE or FALSE. One of the six exceptions for PHI disclosures to Law Enforcement include "ok to share information with police when state law requires"
- _____ **TRUE**
- _____ **FALSE**

- 5) In relation to news reporters, print media and social media, EMS providers are strictly prohibited from sharing patient information

_____ **TRUE**
_____ **FALSE**

- 6) Information about a person's past, present or future healthcare that identifies the patient or reasonably identifies the patient. This can be in the form of written, verbal or digital formats. This information is best defined as:

_____ **Patient Social Security Number (SSN)**
_____ **Protected Health Information (PHI)**
_____ **Patient Medical Record Number**
_____ **Patient Medical History**

- 7) TRUE or FALSE. HIPAA violations can occur without using a patient's name. HIPAA violations can occur with other attributes to identify a patient's involvement such as details, location, and time.

_____ **TRUE**
_____ **FALSE**

- 8) You may use HIPAA protected information, without the patient's permission, under which scenario:

_____ **Treatment**
_____ **Payment**
_____ **Healthcare Operations**
_____ **All of the above**

- 9) Do HIPAA rights terminate with the time of death of the patient?

_____ **YES**
_____ **NO**
_____ **Only if noted on the MOLST form**
_____ **Only if noted on the DNR form**

- 10) The patient billing signature should be obtained, ideally:

_____ **At the time of service; and by the patient whenever possible**
_____ **Never. Our billing company will handle this**
_____ **Always from the family member, even when the patient is capable**
_____ **Never. The senior crew member on the truck will handle this.**

HIPAA Training Affirmation

I _____ hereby attest that I completed the required training supplied on the TRI-COMMUNITY AMBULANCE SERVICE website under the NEW MEMBER ORIENTATION page. This training could consist of powerpoint articles, videos, word documents or other materials to aid in learning. I attest that I completed the required training and I completed this post-test on my own. I also understand and sign below that I will adhere to the guidelines set forth under the HIPAA laws and regulations; protect and respect a patient's privacy and safeguard PHI at all times that I am entrusted with or come into contact with as part of my job function here at Tri-Community Ambulance. I understand that while I am volunteering my time, we as a company hold ourselves to a very high standard. I also understand that I am responsible for reviewing and understanding the Tri-Community Bylaws and Standard Operating Guidelines as it pertains to HIPAA, PHI, and privacy and hereby agree to meet or exceed these requirements. I also understand that I can contact an officer of the company at anytime to help with my understanding of these requirements.

I also understand that any violation or breach of HIPAA, PHI Disclosures, Social Media Violations, or Patient Privacy Disclosures may result in disciplinary action up to and including termination of membership from Tri-Community Ambulance Service, Inc. I also understand that I can be held personally liable (criminal and civil) for any HIPAA violations, PHI disclosures, privacy breaches and social media breaches/disclosures/lapse in judgement.

_____ (member signature)

____/____/____ Date of Signature