# CERTIFIED IN HEALTHCARE PRIVACY COMPLIANCE (CHPC) PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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# How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

### 1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

### 2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

### 3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

### 4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

### 5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

### 6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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# Questions

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1. **True or False: The HIPAA Security Rule mandates policies for authorizing access based on user roles.**

   A. True

   B. False

   C. Only for contractors

   D. Only for medical staff

2. **May a healthcare professional report suspected domestic violence even if the patient hasn't confided in them?**

   A. Yes, if there is reasonable belief

   B. No, they need direct communication

   C. Only with legal consultation

   D. Only if the victim permits

3. **Which of the following is an example of a genetic disease that might fall under the protection of GINA?**

   A. Diabetes

   B. Cystic fibrosis

   C. Hypertension

   D. A headache

4. **When discussing patient information, which practice is recommended to maintain compliance?**

   A. Discussing in public areas to raise awareness

   B. Sharing information among all staff members for transparency

   C. Only discussing information on a need-to-know basis

   D. Documenting all discussions openly

5. **What is the primary purpose of contingency planning as an administrative safeguard?**

   A. Ensuring physical security of facilities

   B. Planning for potential security breaches

   C. Providing mandatory training for employees

   D. Establishing policies for patient consent

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**6. Which element of a contract ensures compliance with legal standards?**

A. Legal purpose

B. Intention to create legal relations

C. Consideration

D. Consent to contract

**7. Is a school considered a covered entity under the HIPAA Privacy Rule?**

A. Yes, always

B. No, if education records are protected by FERPA

C. Yes, if they provide health services

D. No, unless they store health records

**8. What is a crucial factor in determining if a violation is due to "willful neglect" according to HHS?**

A. The prior knowledge of the healthcare provider

B. The presence of necessary safeguards

C. The volume of patients seen

D. The potential financial loss

**9. How long does a school have to provide a parent the opportunity to inspect and review their child's education records after receiving a request?**

A. 30 days

B. 45 days

C. 60 days

D. 90 days

**10. Which group is required to comply with the Security and Privacy Rules under HIPAA?**

A. Only healthcare providers

B. Business Associates

C. Covered Entities and Business Associates

D. Patients

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# Answers

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1. A
2. A
3. B
4. C
5. B
6. A
7. B
8. B
9. B
10. C

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# Explanations

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**1. True or False: The HIPAA Security Rule mandates policies for authorizing access based on user roles.**

A. True

B. False

C. Only for contractors

D. Only for medical staff

*The assertion is true because the HIPAA Security Rule does indeed require covered entities to implement policies that ensure access to electronic protected health information (ePHI) is granted based on user roles. This concept is known as "role-based access control" (RBAC). By establishing access permissions that correspond to specific job functions or responsibilities, healthcare organizations can help protect sensitive information while ensuring that individuals have the necessary access to perform their duties. Implementing policies based on user roles is critical for maintaining the confidentiality, integrity, and availability of ePHI, thereby meeting the requirements set forth in the HIPAA Security Rule. Such measures are integral to safeguarding health information against unauthorized access and potential breaches.*

**2. May a healthcare professional report suspected domestic violence even if the patient hasn't confided in them?**

A. Yes, if there is reasonable belief

B. No, they need direct communication

C. Only with legal consultation

D. Only if the victim permits

*When considering whether a healthcare professional may report suspected domestic violence without direct communication from the patient, it is essential to recognize the legal and ethical responsibilities that guide their actions. A healthcare professional is permitted to report suspected domestic violence if they have a reasonable belief that it is occurring. This belief may be based on various indicators, such as physical injuries that suggest abuse, behavioral signs from the patient, or knowledge of similar patterns of violence. The law often provides a framework that allows professionals to act in the interest of the patient's safety and well-being, even when direct disclosure has not occurred. Protecting individuals from harm is a core principle in these scenarios, prioritizing their health and safety over confidentiality in cases of suspected abuse. This principle aligns with mandatory reporting laws, where certain professionals are obliged to report suspicions of domestic violence to appropriate authorities regardless of whether the victim has confirmed the situation. The rationale is that victims may not always feel safe enough to disclose their situation, and healthcare professionals play a critical role in identifying and mitigating risks of harm. In contrast, the other options imply a need for direct communication, legal consultation, or permission from the victim before reporting can occur, which are not requirements when a reasonable belief of abuse justifies action. These conditions*

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**3. Which of the following is an example of a genetic disease that might fall under the protection of GINA?**

A. Diabetes

B. Cystic fibrosis

C. Hypertension

D. A headache

*Cystic fibrosis is a genetic disease caused by mutations in the CFTR gene, which can be inherited from parents. GINA, the Genetic Information Nondiscrimination Act, provides individuals with protection against discrimination based on genetic information, specifically in areas such as health insurance and employment. This means that individuals diagnosed with genetic conditions like cystic fibrosis are protected from being treated differently due to their genetic status. In contrast, diabetes, hypertension, and headaches are not solely determined by genetic factors. While there can be a genetic predisposition to these conditions, they are often influenced by lifestyle and environmental factors as well. Therefore, they do not exemplify diseases primarily defined by genetic characteristics in the same way that cystic fibrosis does. Consequently, cystic fibrosis serves as a clear example of a condition that falls under the protections established by GINA.*

**4. When discussing patient information, which practice is recommended to maintain compliance?**

A. Discussing in public areas to raise awareness

B. Sharing information among all staff members for transparency

C. Only discussing information on a need-to-know basis

D. Documenting all discussions openly

*The recommendation to discuss patient information only on a need-to-know basis is critical for maintaining compliance with healthcare privacy regulations, such as HIPAA (Health Insurance Portability and Accountability Act). This practice ensures that sensitive patient information is shared strictly with individuals who require access to that information to perform their job responsibilities effectively. By limiting discussions to those who need to know, healthcare organizations can reduce the risk of unauthorized access to patient data and minimize the potential for privacy breaches. This practice supports the core principle of protecting patient confidentiality and reinforces the trust that patients place in healthcare providers regarding the handling of their personal health information. In contrast, discussing patient information in public areas could lead to unintended exposure of sensitive data, compromising patient privacy. Sharing information among all staff members, while well-intentioned, may violate privacy regulations by disclosing information to individuals who do not require that knowledge for their job functions. Documenting all discussions openly could also pose risks if those records are accessible inappropriately or if sensitive information is inadvertently disclosed in those documents. Thus, focusing on the need-to-know basis is essential for effective compliance and safeguarding patient privacy.*

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## 5. What is the primary purpose of contingency planning as an administrative safeguard?

A. Ensuring physical security of facilities

B. Planning for potential security breaches

C. Providing mandatory training for employees

D. Establishing policies for patient consent

*The primary purpose of contingency planning as an administrative safeguard focuses on preparing for potential security breaches. This involves creating strategies to respond to various incidents that could threaten the confidentiality, integrity, and availability of sensitive healthcare data. Contingency planning is integral because it ensures that there are established procedures to follow when unexpected events occur, such as data breaches, natural disasters, or other emergencies that could impact information systems. By proactively identifying risks and developing response plans, organizations can minimize the impact of a security incident. This includes outlining roles and responsibilities, communication protocols, and recovery strategies to restore operations while protecting patient information. Consequently, proper contingency planning enhances the overall security posture of the organization and ensures compliance with regulations regarding patient data protection. The focus on this aspect of administrative safeguards is crucial for effective risk management in the healthcare sector, where the protection of sensitive information is paramount.*

## 6. Which element of a contract ensures compliance with legal standards?

A. Legal purpose

B. Intention to create legal relations

C. Consideration

D. Consent to contract

*A contract must have a legal purpose to be considered valid and enforceable. This means that the content and objectives of the contract must comply with applicable laws and public policy. If a contract is formed with an illegal purpose, such as agreements involving criminal activity or those that go against regulatory standards, it cannot be enforced in a court of law. Therefore, the presence of a legal purpose serves as a fundamental requirement to ensure that the agreement aligns with legal standards and societal norms. The other components of a contract, while important, do not specifically address compliance with legal standards. The intention to create legal relations pertains to the parties' desire to enter into a legally binding agreement, consideration involves the exchange of value between parties, and consent to contract ensures that all parties voluntarily agree to the terms. However, without a legal purpose, none of these elements alone would suffice to validate the contract appropriately under the law.*

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## 7. Is a school considered a covered entity under the HIPAA Privacy Rule?

A. Yes, always

B. No, if education records are protected by FERPA

C. Yes, if they provide health services

D. No, unless they store health records

*Under the HIPAA Privacy Rule, a school is typically not considered a covered entity if the education records it maintains are protected under the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law that provides privacy protections specifically for student education records. This means that education records, including health records maintained by educational institutions, are subject to FERPA rules rather than HIPAA. However, if a school operates a health clinic or provides health services and maintains health information that is not part of the education records (and is not protected by FERPA), it may become a covered entity under HIPAA in that specific context. The distinction lies in the nature of the records: if they are educational in nature and protected by FERPA, the school's status under HIPAA changes. This nuances makes the statement about educational records being protected by FERPA the accurate choice in determining whether a school is a covered entity under HIPAA.*

## 8. What is a crucial factor in determining if a violation is due to "willful neglect" according to HHS?

A. The prior knowledge of the healthcare provider

B. The presence of necessary safeguards

C. The volume of patients seen

D. The potential financial loss

*In the context of the Health Insurance Portability and Accountability Act (HIPAA) and the enforcement activities of the Department of Health and Human Services (HHS), a crucial factor in determining whether a violation is due to "willful neglect" is indeed aligned with the presence of necessary safeguards. Willful neglect refers to a situation where an entity knowingly fails to comply with HIPAA regulations or disregards the requirements necessary to protect patient information appropriately. If necessary safeguards—such as encryption of data, risk assessments, staff training, and privacy policies—are absent, it can indicate that the entity has not acted with the proper level of care required to comply with regulatory standards. This absence suggests that the organization may be neglecting its responsibilities knowingly or through severe negligence. Hence, the determination of willful neglect is closely tied to whether an organization has implemented adequate safeguards to protect patient data. The presence of safeguards demonstrates an entity's commitment to compliance and protects against violations, whereas their absence can indicate willful neglect.*

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**9. How long does a school have to provide a parent the opportunity to inspect and review their child's education records after receiving a request?**

A. 30 days

B. 45 days

C. 60 days

D. 90 days

*A school is required to provide a parent the opportunity to inspect and review their child's education records within 45 days of receiving a request. This timeline is established under the Family Educational Rights and Privacy Act (FERPA), which is designed to protect the privacy of student education records while also ensuring that parents and eligible students have the right to access those records in a timely manner. The 45-day period gives schools enough time to locate and prepare the requested records, ensuring that the request is handled efficiently while still respecting the rights of parents and students to review their education information. This requirement promotes transparency and accountability within educational institutions.*

**10. Which group is required to comply with the Security and Privacy Rules under HIPAA?**

A. Only healthcare providers

B. Business Associates

C. Covered Entities and Business Associates

D. Patients

*The requirement to comply with the Security and Privacy Rules under HIPAA extends to both Covered Entities and Business Associates. Covered Entities include healthcare providers, health plans, and healthcare clearinghouses that transmit health information electronically. They are obligated to implement safeguards to protect the privacy and security of patients' health information. Business Associates, on the other hand, are individuals or entities that perform services on behalf of, or provide certain functions for, Covered Entities that involve the use or disclosure of Protected Health Information (PHI). Since Business Associates have access to PHI, they must also adhere to HIPAA regulations to ensure that they appropriately handle and protect this sensitive information. Therefore, by including both groups, the correct answer reflects the comprehensive scope of those who have responsibilities under HIPAA regarding the handling of health information. Patients do not have compliance obligations under HIPAA; instead, their role is often as the subjects of the health information being protected.*

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# Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://healthcareprivacycompliance.examzify.com

We wish you the very best on your exam journey. You've got this!

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