

# HCISPP<sup>Q&As</sup>

HealthCare Information Security and Privacy Practitioner

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## QUESTION 1

Was an early expression of medical ethics and reflected high ideals.

- A. Cannon of Medicine
- B. Hippocratic Oath

Correct Answer: B

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## QUESTION 2

Which one of the following is NOT a fundamental component of a Regulatory Security Policy?

- A. What is to be done.
- B. When it is to be done.
- C. Who is to do it.
- D. Why is it to be done

Correct Answer: C

Regulatory Security policies are mandated to the organization but it up to them to implement it. "Regulatory - This policy is written to ensure that the organization is following standards set by a specific industry and is regulated by law. The policy type is detailed in nature and specific to a type of industry. This is used in financial institutions, health care facilities, and public utilities."

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## QUESTION 3

The traditional dispersed model of independent private physicians working as solo practitioners or in small groups is in competition with.

- A. Neighborhood health centers
- B. Multispecialty group practices
- C. Large "corporate" group practice organizations and networks
- D. None of the above

Correct Answer: C

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## QUESTION 4

HIPAA's Administrative Simplification procedures were prompted by the desire to:

- A. Reduce administrative overhead in provider-payer transactions

- B. Simplify administrative functions such as payroll and benefits
- C. Create multiple forms for various transactions
- D. Add more details to the processing of electronic transactions

Correct Answer: A

HIPAA's Administrative Simplification procedures were prompted by the desire to reduce administrative overhead in provider-payer transactions. By having one form for each type of transaction, the chances of doing the transactions electronically and semi-automating the process are improved.

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#### **QUESTION 5**

Which of the following is the BEST reason for writing an information security policy?

- A. To support information security governance
- B. To reduce the number of audit findings
- C. To deter attackers
- D. To implement effective information security controls

Correct Answer: A

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#### **QUESTION 6**

Who founded the Pennsylvania Hospital?

- A. Edward Jenner
- B. Flemming
- C. Ben Franklin

Correct Answer: C

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#### **QUESTION 7**

Covered entities (certain health care providers, health plans, and health care clearinghouses) are not required to comply with the HIPPA Privacy Rule until the compliance date. Covered entities may, of course, decide to:

- A. unvoluntarily protect patient health information before this date
- B. voluntarily protect patient health information before this date
- C. after taking permission, voluntarily protect patient health information before this date
- D. compulsorily protect patient health information before this date

Correct Answer: B

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## QUESTION 8

\_\_\_\_\_ is a license to operate.

- A. Licensure
- B. Regulation

Correct Answer: A

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## QUESTION 9

HIPAA security and privacy regulations apply to:

- A. Attending physicians, nurses, and other healthcare professionals.
- B. Health information managers, information systems staff, and other ancillary personnel only.
- C. Anyone working in the facility.
- D. Only staff that have direct patient contact.

Correct Answer: C

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## QUESTION 10

Some people receive too little health care because.

- A. They are uninsured
- B. They are inadequately insured
- C. Physicians will not accept their Medicare coverage
- D. All of the above.

Correct Answer: D

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## QUESTION 11

Helps people with low incomes get the necessary medical help or need. Varies from state to state.

- A. Medicare
- B. Medicaid
- C. Chips

Correct Answer: A

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**QUESTION 12**

An organization is outsourcing its payroll system and is requesting to conduct a full audit on the third-party information technology (IT) systems. During the due diligence process, the third party provides previous audit report on its IT system. Which of the following **MUST** be considered by the organization in order for the audit reports to be acceptable?

- A. The audit assessment has been conducted by an independent assessor.
- B. The audit reports have been signed by the third-party senior management.
- C. The audit reports have been issued in the last six months.
- D. The audit assessment has been conducted by an international audit firm.

Correct Answer: B

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**QUESTION 13**

HIPAA requires a response and reporting of security incidents. What is required when an organization has an attempted unauthorized access of protected health information?

- A. HIPAA must be notified
- B. Nothing is required of an attempted unauthorized access
- C. The organization must respond and notify the appropriate parties
- D. Federal authorities must be notified

Correct Answer: C

When an organization has an attempted unauthorized access of protected health information the organization must respond and notify the appropriate parties.

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**QUESTION 14**

If a medical entity is in compliance with the Division of Medical Assistance's (DMA's) Health Data Marketing Guidelines, is the entity in compliance with HIPAA guidelines?

- A. No. HIPAA is law while DMA guidelines are not law, and require less than HIPAA
- B. Yes. HIPAA is federal law and DMA is state law, which is usually more restrictive, and the more restrictive standard should be met.
- C. No. HIPAA law is federal and DMA law is state, so HIPAA supersedes DMA law.
- D. Yes. DMA's guidelines are stricter and will supersede those minimum standards of HIPAA.

Correct Answer: A

If a medical entity is in compliance with the Division of Medical Assistance's (DMA's) Health Data Marketing Guidelines, they are not in compliance with HIPAA guidelines because HIPAA is law while DMA guidelines are not, requiring less than HIPAA.

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## QUESTION 15

The continuous quality improvement model (CQI) seeks to.

- A. improve access to care
- B. develop formalized standards of care
- C. separate financial and clinical decisions
- D. focus on individual caregivers

Correct Answer: B

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