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### **QUESTION 1120**

A health plan may conduct its covered transactions through a clearinghouse, and may require a provider to conduct covered transactions with it through a clearinghouse. The incremental cost of doing so must be borne

- A. by the HIPAA authorities
- B. by the health plan
- C. by any other entity but the health plan
- D. by insurance companies

**Correct Answer: B**

### **QUESTION 1121**

Covered entities (certain health care providers, health plans, and health care clearinghouses) are not required to comply with the HIPAA 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**

### **QUESTION 1122**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser even if:

- A. The person outside the program gives a written request for the information.
- B. The patient consent in writing.
- C. The disclosure is allowed by a court order.
- D. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

**Correct Answer: D**

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### **QUESTION 1123**

What is a Covered Entity? The term "Covered Entity" is defined in 160.103 of the regulation.

- A. The definition is complicate and long.
- B. The definition is referred to in the Secure Computing Act.
- C. The definition is very detailed.
- D. The definition is deceptively simple and short.

**Correct Answer: D**

### **QUESTION 1124**

Are employers required to submit enrollments by the standard transactions?

- A. Though Employers are not CEs and they have to send enrollment using HIPAA standard transactions. However, the employer health plan IS a CE and must be able to conduct applicable transactions using the HIPAA standards
- B. Employers are not CEs and do not have to send enrollment using HIPAA standard transactions. However, the employer health plan IS a CE and must be able to conduct applicable transactions using the HIPAA standards.
- C. Employers are CEs and have to send enrollment using HIPAA standard transactions. However, the employer health plan IS a CE and must be able to conduct applicable transactions using the HIPAA standards.
- D. Employers are CEs and do not have to send enrollment using HIPAA standard transactions. Further, the employer health plan IS also a CE and must be able to conduct applicable transactions using the HIPAA standards.

**Correct Answer: B**

### **QUESTION 1125**

Employers

- A. often advocate on behalf of their employees in benefit disputes and appeals, answer questions with regard to the health plan, and generally help them navigate their health benefits
- B. sometimes advocate on behalf of their employees in benefit disputes and appeals, answer questions with regard to the health plan, and generally help them navigate their health benefits
- C. never advocate on behalf of their employees in benefit disputes and appeals, answer questions with regard to health plan, and generally help them navigate their health benefits
- D. are prohibited by plan sponsors from advocating on behalf of group health plan participants or providing assistance in understanding their health plan

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**Correct Answer: A**

### **QUESTION 1126**

Employers

- A. are covered entities if they do not use encryption
- B. are covered entities
- C. are not legal entities
- D. are not covered entities

**Correct Answer: D**

### **QUESTION 1127**

The HIPAA task force must inventory the organization's systems, processes, policies, procedures and data to determine which elements are critical to patient care and central to the organizations business. All must be inventoried and listed by

- A. by priority as well as encryption levels, authenticity, storage-devices, availability, reliability, access and use. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used
- B. by priority and cost as well as availability, reliability, access and use. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used
- C. by priority as well as availability, reliability, access and use. The person responsible for criticality analysis must remain mission-focused but need not document all the criteria used
- D. by priority as well as availability, reliability, access and use. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used

**Correct Answer: D**

### **QUESTION 1128**

Are there penalties under HIPAA?

- A. No penalties
- B. HIPAA calls for severe civil and criminal penalties for noncompliance, including: -- fines up to \$25k for multiple violations of the same standard in a calendar year -- fines up to \$250k and/or imprisonment up to 10 years for knowing misuse of individually identifiable health information.
- C. HIPAA calls for severe civil and criminal penalties for noncompliance, includes: -- fines up to 50k for multiple violations of the same standard in a calendar year -- fines up to \$500k and/or imprisonment up to 10 years for knowing misuse of individually identifiable health

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information

- D. HIPAA calls for severe civil and criminal penalties for noncompliance, including: -- fines up to \$100 for multiple violations of the same standard in a calendar year -- fines up to \$750k and/or imprisonment up to 20 years for knowing misuse of individually identifiable health information
- E. HIPAA calls for severe civil and criminal penalties for noncompliance, including: -- fines up to \$1.5 million for multiple violations of the same standard in a calendar year -- fines up to \$250k and/or imprisonment up to 10 years for knowing misuse of individually identifiable health information.

**Correct Answer: E**

### **QUESTION 1129**

HIPAA gave the option to adopt other financial and administrative transactions standards, "consistent with the goals of improving the operation of health care system and reducing administrative costs" to

- A. ASCA prohibits HHS from paying Medicare claims that are not submitted electronically after October 16, 2003.
- B. ASCA prohibits HHS from paying Medicare claims that are not submitted on paper after October 16, 2003
- C. ASCA prohibits HHS from paying Medicare claims that are not submitted electronically after October 16, 2003, unless the Secretary grants a waiver from this requirement
- D. No

**Correct Answer: C**

### **QUESTION 1130**

May a health plan require a provider to use a health care clearinghouse to conduct a HIPAA covered transaction, or must the health plan acquire the ability to conduct the transaction directly with those providers capable of conducting direct transactions?

- A. A health plan may conduct its covered transactions through a clearinghouse, and may require a provider to conduct covered transactions with it through a clearinghouse. But the incremental cost of doing so must be borne by the health plan. It is a cost-benefit decision on the part of the health plan whether to acquire the ability to conduct HIPAA transactions directly with other entities, or to require use of a clearinghouse.
- B. A health plan may not conduct its covered transactions through a clearinghouse.
- C. A health plan may after taking specific permission from HIPAA authorities conduct its covered transactions through a clearinghouse.
- D. Is not as per HIPAA allowed to require provider to conduct covered transactions with it through a clearinghouse.

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**Correct Answer: A**

### **QUESTION 1131**

Business Associate Agreements are required by the regulation whenever a business associate relationship exists. This is true even when the business associates are both covered entities.

- A. There are no specific elements which must be included in a Business Associate Agreement. However some recommended but not compulsory elements are listed in 164.504(e) (2).
- B. There are specific elements which must be included in a Business Associate Agreement. These elements are listed Privacy Legislation.
- C. There are no specific elements which must be included in a Business Associate Agreement.
- D. There are specific elements which must be included in a Business Associate Agreement. These elements are listed in 164.504(e) (2).

**Correct Answer: D**

### **QUESTION 1132**

The implementation Guides

- A. are referred to in the Transaction Rule
- B. are not referred to in the Transaction Rule
- C. are referred to in the Compliance Rules
- D. are referred to in the Confidentiality Rule

**Correct Answer: A**

### **QUESTION 1133**

Business Associates

- A. are entities that perform services that require the use of Protected Health Information on behalf of Covered Entities. One covered entity may be a business partner of another covered entity
- B. are entities that do not perform services that require the use of Protected Health Information on behalf of Covered Entities. One covered entity may be a business partner of another covered entity
- C. are entities that perform services that require the use of Encrypted Insurance Information on behalf of Covered Entities. One covered entity may be a business partner of another covered entity
- D. are entities that perform services that require the use of Protected Health Information on behalf of Covered Entities. One covered entity cannot be a business partner of another covered entity

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