

SELECT HOME CARE SERVICES, INC.

DATA PRACTICES

POST TEST

Name _____ Date _____

1. True or False The Data Practices act assures access to people and agencies who have a legitimate need for information while at the same time protects the individual's right to privacy and control over personal information.
2. True or False Much of the information collected and maintained is very detailed and extremely personal in nature.
3. True or False When information is used appropriately it can help team members make informed decisions concerning the person's care and treatment.
4. True or False The two purposes of the Minnesota Government Data Practices Act are to insure that individuals are given certain rights when an agency collects, stores, and uses information about them, and to facilitate access to the information which should lawfully be disclosed.
5. True or False People receiving services do not have the right to expect all personal information regarding them be kept confidential.
6. True or False Programs should only collect data that is genuinely needed and is mandated by law and applicable rules and regulations and data that is needed to provide appropriate services.
7. True or False It is not the staff person's responsibility to make sure that the individual information they collect and record is complete, accurate, current, and necessary.
8. True or False Preserving confidentiality and protecting data privacy refer to both written and verbal exchanges.
9. True or False Since the primary bond for most co-workers is the job, it is quite natural in social situations for discussion about work to occur and this is appropriate among co-workers.
10. The privacy rights notice must contain one or more of the following components:
 - a. The purpose and intended use of the requested data within the agency or statewide system,
 - b. Whether the individual may refuse or is legally required to supply the requested data,
 - c. Any known consequences for supplying or refusing to supply the data,
 - d. The identity of other persons or entities authorized by state or federal law to receive the data,
 - e. All the above.

SELECT HOME CARE SERVICES, INC.

11. True or False Consent must be given by the person or his/her legal representative.
12. True or False The consent must be informed. Explanations of rights must be given in a manner to assure that the consent is understood by the consumer.
13. True or False Consent is mandatory. There can be use of coercion or threats in order to get people receiving services or their legal representative to sign a release of information.
14. True or False People receiving services or their legal representatives must release all information upon request.
15. True or False The “authorization to release information” form can be signed only by the people receiving services or their legal representative.
16. True or False The consent form should include who is designated to receive the information and specify what information can be released.
17. True or False The consent form should not clearly specify right to revoke permission to release information by the person receiving the services.
18. True or False The consent form should indicate who will release the information and contain a reasonable expiration date, not to exceed one year.
19. True or False The consent form must contain a statement that this information is private and protected by the Minnesota Government Data Practices Act.
20. True or False The consent form can be written in confusing language and does not have to be dated.
21. True or False Informed consent refers to the person’s ability to voluntarily participate in a rational decision-making process regarding treatment or services and the ability to weigh the risks and benefits of the proposed treatment/services after being provided the information.
22. Which of the following does informed consent apply to?
 - a. The person’s participation in research projects,
 - b. Release of photos, videotaping, and multimedia projects,
 - c. Review of Vulnerable Adults incidents with Human Rights Committee,
 - d. Release of personal record information,
 - e. Aversive or deprivation procedures,
 - f. Psychotropic medication authorization,
 - g. All of the above,
 - h. None of the above.
23. True or False Consent must be freely provided and not under duress.

SELECT HOME CARE SERVICES, INC.

- 24. True or False The reason for the authorization does not have to be completely understood by the person giving consent.
- 25. True or False Risks and benefits of the procedure, program, treatment, or use of information do not have to be fully explained or understood.
- 26. True or False Alternatives to the procedure, program, treatment/services, or use of information (if any) may be explained and fully understood.
- 27. True or False The statute allows for release of information without informed consent when the health of safety of the person is clearly in jeopardy.
- 28. True or False The person does not have to be informed within a specific time frame about the emergency release of information.
- 29. True or False The law does not require that persons receiving services or their legal representative be allowed access to the records.
- 30. True or False The persons receiving services should be informed on their admission to the program of their right to review their records as well as any policies and procedures the program has for data practices.
- 31. True or False Persons receiving services or their legal representatives can challenge the accuracy or completeness of the information contained in the record.
- 32. True or False You can freely discuss your client with friends and family, including sharing identifying information.
- 33. True or False Time-cards must be left in the client's home until mailed to the office.

Pass / Fail Supervisors Signature: _____

Total Training Time: 1 hour