

HIPAA Certification Quiz –Foot Healthcare- Please write your answers and sign
80% needed to obtain certificate of completion (required for employment)

My Answers:

1.	12.	23.	34.
2.	13.	24.	35.
3.	14.	25.	36.
4.	15.	26.	37.
5.	16.	27.	38.
6.	17.	28.	39.
7.	18.	29.	40.
8.	19.	30.	41.
9.	20.	31.	42.
10.	21.	32.	
11.	22.	33.	

I certify that I have obtained these answers through my own knowledge and have completed all required training review and material presented to me by Foot Healthcare Associates. I acknowledge that I will be held individually responsible for being responsive and knowledgeable of Privacy regulations and guidelines as set forth by HIPAA and HITECH standards.

Print Name

Signature

Date