

# HCCA Certified in Healthcare Compliance (CHC) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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.

# 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!**

## Questions

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- 1. What should a privacy professional do first if an employee reports potential illegal activity involving misuse of identifiable information?**
  - A. Contact legal counsel**
  - B. Notify local law enforcement**
  - C. Refer the employee to HR**
  - D. Ask the CFO for assistance**
  
- 2. What is one potential incentive for self-disclosing misconduct to the OIG?**
  - A. Higher settlement amounts**
  - B. No corporate integrity agreement as long as there is full cooperation**
  - C. Ability to negotiate reduced penalties**
  - D. None, it is always a liability**
  
- 3. What aspect of healthcare does HITECH Subtitle D focus on?**
  - A. Promotion of HIT**
  - B. Privacy**
  - C. Testing of HIT**
  - D. Funding**
  
- 4. What does the HCCA identify as two critical components of a compliance program?**
  - A. Leadership structure and training components**
  - B. Structural and substantive components**
  - C. Policy framework and billing procedures**
  - D. Organizational communication and disciplinary actions**
  
- 5. Which principle is essential for handling PHI?**
  - A. Use of data for personal benefit.**
  - B. Accessing information without consent.**
  - C. Minimum necessary use and disclosure.**
  - D. All forms of communication are acceptable.**

- 6. What does the PhRMA Code prohibit?**
- A. Free lunches to promote pharmaceutical products**
  - B. Paying physicians for travel to conferences**
  - C. Providing lunches while offering drug education sessions**
  - D. All of the above**
- 7. Which is a key goal of establishing a code of conduct in healthcare organizations?**
- A. To reduce employee turnover**
  - B. To enhance patient satisfaction**
  - C. To guide ethical behavior and compliance**
  - D. To ensure financial profitability**
- 8. What are the three primary components of security according to the CIA triad?**
- A. Confidentiality, Integrity, Availability**
  - B. Compliance, Integrity, Accountability**
  - C. Confidentiality, Indemnity, Availability**
  - D. Control, Integrity, Availability**
- 9. When should the Code of Conduct be distributed to new employees?**
- A. Immediately upon hiring**
  - B. Within 30 days of hire**
  - C. Within 90 days of hire**
  - D. At the end of a probation period**
- 10. Which term represents the process of identifying and dealing with risks in a compliance program?**
- A. Risk management**
  - B. Quality assurance**
  - C. Financial auditing**
  - D. Employee assessment**

## Answers

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

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## **Explanations**

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**1. What should a privacy professional do first if an employee reports potential illegal activity involving misuse of identifiable information?**

- A. Contact legal counsel**
- B. Notify local law enforcement**
- C. Refer the employee to HR**
- D. Ask the CFO for assistance**

When an employee reports potential illegal activity involving the misuse of identifiable information, the first step a privacy professional should take is to contact legal counsel. Engaging legal counsel early in the process is crucial because they can provide guidance on the applicable laws and regulations, assess the potential legal implications of the report, and ensure that proper protocols are followed. Legal counsel can help determine the most appropriate course of action while protecting the organization's interests. They are also essential in navigating the complexities associated with privacy laws and compliance requirements, which can differ based on jurisdiction and the specifics of the reported incident. This step is foundational to ensure that any subsequent actions taken preserve legal rights, minimize risks, and align with both internal policy and statutory obligations. In contrast, notifying local law enforcement may be necessary later in the process if a crime is confirmed or imminent, but it should not be the first step without legal guidance. Referring the employee to HR may also be appropriate in other contexts, but when potential illegal activity is involved, legal counsel should be prioritized to prevent any missteps. Seeking assistance from the CFO is generally not suitable for handling issues related to privacy breaches, as their expertise lies in financial matters rather than legal compliance or privacy management.

**2. What is one potential incentive for self-disclosing misconduct to the OIG?**

- A. Higher settlement amounts**
- B. No corporate integrity agreement as long as there is full cooperation**
- C. Ability to negotiate reduced penalties**
- D. None, it is always a liability**

Self-disclosing misconduct to the Office of Inspector General (OIG) can lead to significant benefits for organizations, one of which is the avoidance of a corporate integrity agreement (CIA) if there is full cooperation. A corporate integrity agreement is a formal agreement that requires an organization to implement specific compliance measures and is often seen as a result of serious misconduct. By voluntarily disclosing issues and cooperating fully with the OIG's investigation, an organization may demonstrate its commitment to compliance and remediation, which can mitigate the severity of repercussions. In this context, the OIG may opt not to impose a CIA as a sign of goodwill and recognition of the organization's proactive approach in addressing the misconduct. This can help an organization regain trust and credibility while focusing on enhancing its compliance efforts without the burden of additional oversight typically necessitated by a CIA. Thus, self-disclosure can be a strategic move to foster a collaborative relationship with regulatory bodies and demonstrate commitment to compliance. Other options do not accurately represent the incentives associated with self-disclosure. Higher settlement amounts usually denote unfavorable outcomes, while negotiating reduced penalties can occur but is not guaranteed and may still involve an integrity agreement. Therefore, the option related to avoiding a CIA through full cooperation stands out as a clear and substantial incentive.

### **3. What aspect of healthcare does HITECH Subtitle D focus on?**

- A. Promotion of HIT**
- B. Privacy**
- C. Testing of HIT**
- D. Funding**

HITECH Subtitle D primarily focuses on privacy and security concerns related to health information. Specifically, this subtitle enhances the privacy protections established under HIPAA (Health Insurance Portability and Accountability Act) by addressing limitations on the disclosure of health information and implementing stricter guidelines for the use and protection of electronic health information. It sets forth provisions that require health care entities and business associates to ensure the confidentiality of patient information, which is critical in maintaining trust and compliance in the healthcare sector. While aspects such as the promotion of health information technology (HIT), testing of HIT, and funding are important components of the broader HITECH Act, Subtitle D specifically targets the safeguarding of patient data and reinforcing privacy rights. This focus is vital as it aligns with the increasing reliance on electronic health records and the accompanying need for robust privacy frameworks.

### **4. What does the HCCA identify as two critical components of a compliance program?**

- A. Leadership structure and training components**
- B. Structural and substantive components**
- C. Policy framework and billing procedures**
- D. Organizational communication and disciplinary actions**

The identification of structural and substantive components as critical elements of a compliance program aligns with the emphasis on building a robust foundation for compliance within an organization. Structural components typically refer to the organizational framework that includes governance, roles, resources, and processes necessary to support an effective compliance program. This encompasses establishing a dedicated compliance officer, forming a compliance committee, and creating policies that reflect the organization's ethical standards and obligations. Substantive components, on the other hand, relate to the actual practices and implementations that give life to the compliance program. This includes adherence to regulations, operational policies, risk assessments, and monitoring activities. Each of these components plays a crucial role in ensuring that the compliance program is functional and effective, creating an environment that encourages adherence to laws and regulations, thereby minimizing risks associated with non-compliance. In contrast to the other options, which touch upon various aspects of a compliance program, the focus on both structural and substantive elements underscores the necessity of integrating governance and ethical practices to establish a comprehensive compliance framework. This dual focus ensures that compliance is not just an administrative function but is woven into the very fabric of the organization's operations and culture.

## 5. Which principle is essential for handling PHI?

- A. Use of data for personal benefit.
- B. Accessing information without consent.
- C. Minimum necessary use and disclosure.**
- D. All forms of communication are acceptable.

The principle of minimum necessary use and disclosure is fundamental in handling protected health information (PHI). This principle is designed to limit the exposure of an individual's health information and safeguard their privacy. It emphasizes that healthcare professionals and entities should only access, use, or disclose the minimum amount of PHI required to accomplish a specific task or function. By adhering to this principle, healthcare organizations can reduce the risk of unauthorized access and potential breaches of confidentiality, which can have serious legal and reputational consequences. It ensures that even when information sharing is necessary for treatment, payment, or healthcare operations, the exposure of sensitive data is kept to the least amount required. This principle is enforced by regulations such as the Health Insurance Portability and Accountability Act (HIPAA) and is considered a best practice in healthcare compliance. It underscores the importance of protecting patient privacy while still allowing for necessary information exchange within the healthcare system.

## 6. What does the PhRMA Code prohibit?

- A. Free lunches to promote pharmaceutical products
- B. Paying physicians for travel to conferences
- C. Providing lunches while offering drug education sessions
- D. All of the above**

The PhRMA Code on Interactions with Healthcare Professionals establishes guidelines intended to ensure that interactions between pharmaceutical companies and healthcare professionals are ethical and appropriate. It specifically prohibits practices that could be interpreted as influencing prescribing behavior through gifts or incentives that create potential conflicts of interest. Each of the practices mentioned is prohibited under the PhRMA Code. Free lunches aimed solely at promoting pharmaceutical products can create undue influence on healthcare providers, potentially skewing their clinical judgment. Paying physicians for travel to conferences can also establish an inappropriate incentive structure that may lead to biased prescribing. Providing lunches during drug education sessions, although potentially educational, could similarly be viewed as an attempt by pharmaceutical companies to influence the behavior of the attendees in favor of their products. Thus, the code encompasses a broader prohibition against all these practices as a means of maintaining transparency and integrity in healthcare, reinforcing the idea that healthcare professionals should make decisions based solely on patient welfare and scientific evidence, rather than undue financial incentives or gifts.

**7. Which is a key goal of establishing a code of conduct in healthcare organizations?**

- A. To reduce employee turnover**
- B. To enhance patient satisfaction**
- C. To guide ethical behavior and compliance**
- D. To ensure financial profitability**

A key goal of establishing a code of conduct in healthcare organizations is to guide ethical behavior and compliance. This framework sets clear expectations for employees' conduct, ensuring they understand the ethical standards and legal requirements pertinent to their roles. By articulating these standards, the code of conduct helps foster a culture of integrity within the organization, promoting accountability and adherence to regulatory guidelines. When healthcare professionals have a solid understanding of acceptable practices and decisions, they are better equipped to navigate complex situations that may arise in patient care or administrative processes. This guidance is essential in maintaining trust with patients and stakeholders while helping to mitigate risks associated with compliance violations. The focus on ethical behavior and compliance ultimately supports the organization's mission and enhances overall operational effectiveness and patient outcomes. While reducing employee turnover, enhancing patient satisfaction, and ensuring financial profitability are important objectives for any organization, they are secondary outcomes that can stem from a strong ethical foundation established by a well-defined code of conduct.

**8. What are the three primary components of security according to the CIA triad?**

- A. Confidentiality, Integrity, Availability**
- B. Compliance, Integrity, Accountability**
- C. Confidentiality, Indemnity, Availability**
- D. Control, Integrity, Availability**

The three primary components of security according to the CIA triad are confidentiality, integrity, and availability. Confidentiality ensures that sensitive information is accessed only by authorized individuals, thereby protecting it from unauthorized disclosure. This is crucial in healthcare, where patient information must be kept private to comply with regulations such as HIPAA. Integrity refers to the accuracy and completeness of data. This means that information should not be altered or tampered with in such a way that it becomes misleading or incorrect. In the healthcare context, maintaining data integrity is vital to ensure that patient records accurately reflect medical history, treatment, and outcomes. Availability signifies that information and resources must be accessible to authorized users when needed. In healthcare, this ensures that critical patient data and systems are operational and available to healthcare providers, particularly in urgent situations. Together, these three components form the foundation of a robust security framework, enabling organizations to protect sensitive information and maintain operational efficacy.

**9. When should the Code of Conduct be distributed to new employees?**

- A. Immediately upon hiring**
- B. Within 30 days of hire**
- C. Within 90 days of hire**
- D. At the end of a probation period**

The most appropriate timing for distributing the Code of Conduct to new employees is within 90 days of hire, as this timeframe allows for a comprehensive onboarding process where new hires can understand not only their roles and responsibilities but also the ethical guidelines and compliance standards of the organization. Distributing the Code of Conduct shortly after hiring ensures that employees have the opportunity to familiarize themselves with important policies and procedures while they are still engaged and acclimating to their new environment. Integrating the Code of Conduct within a broader orientation and training program helps to reinforce the significance of compliance in the workplace. It is crucial to outline behaviors that are expected and prohibited, set the tone for the organizational culture, and make new employees feel accountable from the outset. By waiting until 90 days post-hire, organizations can also gauge new employees' integration into the workforce and provide any necessary clarifications based on their early experiences within the company. This approach emphasizes the importance of compliance as a continuous theme in the employment relationship rather than a one-time announcement, aligning with best practices in compliance management.

**10. Which term represents the process of identifying and dealing with risks in a compliance program?**

- A. Risk management**
- B. Quality assurance**
- C. Financial auditing**
- D. Employee assessment**

The term that represents the process of identifying and dealing with risks in a compliance program is risk management. This process involves recognizing potential hazards that could threaten compliance with regulations and standards within the healthcare setting, assessing their likelihood and impact, and implementing strategies to mitigate or manage these risks effectively. Risk management is critical in healthcare compliance as it ensures organizations can proactively address issues before they escalate into significant problems that could result in financial penalties, legal repercussions, or harm to patients. A robust risk management framework in a compliance program helps organizations maintain their commitment to ethical standards and regulatory requirements while safeguarding their operations and reputation. In contrast, quality assurance focuses on ensuring that a healthcare organization's services meet certain standards of quality, while financial auditing is related to reviewing financial records for accuracy and adherence to accounting principles. Employee assessment typically involves evaluating staff performance and professional development rather than identifying compliance risks.

## 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](mailto:hello@examzify.com).**

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

**<https://hccachc.examzify.com>**

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

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