

HEALTHSTREAM EMTALA HIPPA PROFESSIONAL COMPLIANCE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. When can a hospital refuse to conduct a medical screening examination?**
 - A. When the hospital is under construction
 - B. When there is no doctor on site
 - C. It is against the EMTALA regulations to refuse
 - D. When the patient is uncooperative
- 2. Under EMTALA, when does the obligation to provide services cease?**
 - A. When there is a medical emergency
 - B. When a patient requests discharge
 - C. When there is suspicion of medical identity theft
 - D. When a patient's insurance is invalid
- 3. Which organization is primarily responsible for overseeing Medicare billing practices in clinical trials?**
 - A. The Department of Health and Human Services
 - B. The Centers for Medicare and Medicaid Services
 - C. The Food and Drug Administration
 - D. The National Institutes of Health
- 4. What are examples of designated health services (DHS)?**
 - A. A. Lab tests and X-rays
 - B. B. Physical therapy and durable medical equipment
 - C. C. Home health services
 - D. D. All of the above
- 5. According to EMTALA regulations, when must a transfer be accepted?**
 - A. Only if the patient is stable
 - B. Regardless of the patient's condition
 - C. Only if the patient is fully informed
 - D. If the transfer is convenient
- 6. What determines the level of physician supervision in a diagnostic service?**
 - A. The hospital's internal policies
 - B. The Medicare Physician Fee Schedule Relative Value File
 - C. The state medical board regulations
 - D. The physician's discretion

- 7. What aspect of a compliance program helps in identifying areas of potential risk?**
- A. Training programs
 - B. Compliance audits
 - C. Emergency preparedness
 - D. Patient engagement initiatives
- 8. Which entities are subject to the HIPAA Security Rule?**
- A. Only healthcare providers
 - B. Health plans and healthcare clearinghouses only
 - C. Health apps on smartphones
 - D. Health plans, healthcare providers, and clearinghouses that transmit PHI electronically
- 9. Which elements of a physician's professional identity should be protected against identity theft?**
- A. Only the Tax I.D. Number
 - B. Only the National Provider Identifier (NPI)
 - C. Drug Enforcement Agency (DEA) number, license number, photo I.D., Tax I.D. Number and NPI
 - D. Only the license number and photo I.D.
- 10. Which of the following is a form of medical identity theft?**
- A. Using someone else's insurance to obtain medical services
 - B. Billing for services not rendered
 - C. A and B
 - D. B and C

Answers

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

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Explanations

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1. When can a hospital refuse to conduct a medical screening examination?

- A. When the hospital is under construction
- B. When there is no doctor on site
- C. It is against the EMTALA regulations to refuse**
- D. When the patient is uncooperative

A hospital cannot refuse to conduct a medical screening examination because it is mandated by the Emergency Medical Treatment and Labor Act (EMTALA) to provide care to anyone seeking emergency treatment, irrespective of their ability to pay or insurance status. EMTALA requires that hospitals that offer emergency services must provide a medical screening examination to determine whether an emergency medical condition exists. The law emphasizes the necessity of evaluating every patient who presents to the emergency department. Therefore, the option indicating that it is against EMTALA regulations to refuse a medical screening examination is correct and underscores the responsibility of hospitals to ensure access to necessary emergency medical care.

2. Under EMTALA, when does the obligation to provide services cease?

- A. When there is a medical emergency
- B. When a patient requests discharge
- C. When there is suspicion of medical identity theft**
- D. When a patient's insurance is invalid

The correct response is that the obligation to provide services under EMTALA ceases when a patient requests discharge. EMTALA (Emergency Medical Treatment and Labor Act) mandates that hospitals provide a medical screening examination to any individual who presents to the emergency department. Once the patient has been evaluated and stabilized, or if they choose to leave the hospital against medical advice, their obligation under EMTALA may no longer apply. In the context of this question, if a patient requests a discharge after receiving a medical screening exam, the healthcare provider's obligation to continue providing services under EMTALA is fulfilled. It is understood that a patient has the right to make decisions about their care, including the right to refuse treatment or to leave the facility. Suspicion of medical identity theft, invalid insurance, or the presence of a medical emergency does not negate the requirement for emergency care under EMTALA. Hospitals must provide the necessary emergency services regardless of a patient's insurance status or suspicions regarding identity theft until specific criteria, such as a patient's request for discharge, are met.

3. Which organization is primarily responsible for overseeing Medicare billing practices in clinical trials?

- A. The Department of Health and Human Services
- B. The Centers for Medicare and Medicaid Services**
- C. The Food and Drug Administration
- D. The National Institutes of Health

The Centers for Medicare and Medicaid Services (CMS) is the correct answer because this organization plays a pivotal role in administering the nation's major healthcare programs, including Medicare. Specifically, CMS establishes and oversees regulations and policies regarding billing practices related to clinical trials involving Medicare beneficiaries. This oversight ensures that clinical trials are compliant with Medicare's requirements and that beneficiaries' rights and coverage are protected. CMS's responsibilities include determining which clinical trial services are covered under Medicare, defining what constitutes a clinical trial, and setting payment rates for covered services. This makes CMS central to the billing practices associated with clinical trials, distinguishing it from other organizations like the Department of Health and Human Services, which has a broader mandate over health and social services but does not specifically focus on billing practices for trials. The Food and Drug Administration (FDA) primarily governs the safety and efficacy of drugs and medical devices rather than billing practices, while the National Institutes of Health (NIH) is focused on medical research and funding and does not handle Medicare billing. Thus, CMS's specific roles and responsibilities establish it as the key organization overseeing Medicare billing in the context of clinical trials.

4. What are examples of designated health services (DHS)?

- A. A. Lab tests and X-rays
- B. B. Physical therapy and durable medical equipment
- C. C. Home health services
- D. D. All of the above**

Designated health services (DHS) refer to specific categories of healthcare services regulated under the Stark Law, which aims to prevent conflicts of interest in physician referrals. These services include a wide range of medical offerings that are commonly utilized and often involve referral relationships between healthcare providers. Lab tests and X-rays fall under DHS because they are diagnostic services that can lead to a provider receiving compensation for referrals. Similarly, physical therapy and durable medical equipment are considered DHS since they involve direct patient care and often require physicians to refer patients to specific facilities or suppliers. Home health services are also included in the definition of DHS because they provide essential care in a patient's home, frequently necessitating physician involvement in the referral process. Given that all of these service categories fit the criteria established by the Stark Law and are perceived as pivotal components of the healthcare delivery system, they collectively represent examples of designated health services. The option indicating "all of the above" encompasses all these necessary aspects of DHS, making it the most comprehensive and accurate choice.

5. According to EMTALA regulations, when must a transfer be accepted?

- A. Only if the patient is stable
- B. Regardless of the patient's condition**
- C. Only if the patient is fully informed
- D. If the transfer is convenient

The requirement that a transfer must be accepted regardless of the patient's condition is rooted in the Emergency Medical Treatment and Active Labor Act (EMTALA). This law mandates that hospitals provide an appropriate medical screening examination to determine if an emergency medical condition exists and, if such a condition is identified, ensure that the patient receives stabilizing treatment before being transferred. Under EMTALA, hospitals are obligated to accept transfers from other facilities when they are capable of providing the necessary treatment. This is particularly crucial in emergency situations where a patient's life-threatening condition may require specialized care that the receiving facility is equipped to deliver. The intent of this legislation is to guarantee access to emergency medical care and protect patients from denial of services based on their medical condition at the time of the transfer. Hence, ensuring that transfers occur regardless of the patient's stability is a critical component in safeguarding patient rights and delivering necessary care. The other options do not align with the core principles of EMTALA, as they either impose unnecessary restrictions or focus on factors that should not dictate the acceptance of a transfer in emergency situations.

6. What determines the level of physician supervision in a diagnostic service?

- A. The hospital's internal policies
- B. The Medicare Physician Fee Schedule Relative Value File**
- C. The state medical board regulations
- D. The physician's discretion

The determination of the level of physician supervision in a diagnostic service is primarily guided by the Medicare Physician Fee Schedule Relative Value File. This document outlines the relative value units (RVUs) assigned to various medical services and procedures, which also include guidelines on the required level of supervision for different diagnostics based on Medicare regulations. This framework not only ensures compliance with federal guidelines but also standardizes the expectations for physician supervision across different settings. It is essential in maintaining quality care and safety standards associated with diagnostic services. While hospital internal policies, state medical board regulations, and physician discretion may play roles in shaping how services are delivered, the Medicare Physician Fee Schedule serves as the definitive standard that providers must follow to ensure compliance with federal law and proper reimbursement practices.

7. What aspect of a compliance program helps in identifying areas of potential risk?

- A. Training programs
- B. Compliance audits**
- C. Emergency preparedness
- D. Patient engagement initiatives

Compliance audits play a crucial role in identifying areas of potential risk within a compliance program. These audits involve systematic evaluations of practices, processes, and records to ensure adherence to applicable regulations and policies. By conducting thorough compliance audits, organizations can uncover vulnerabilities, weaknesses, or non-compliance issues that might lead to legal repercussions or financial losses. The data gathered during audits not only highlights areas needing improvement but also helps institutions develop targeted strategies for enhancing compliance efforts and mitigating risk. This proactive approach ensures that organizations remain in alignment with regulatory requirements and best practices, ultimately contributing to a stronger and more effective compliance program. Training programs, while essential for educating staff and fostering a culture of compliance, do not specifically uncover risks like audits do. Emergency preparedness focuses more on readiness for unexpected events and doesn't directly relate to systematic evaluations of compliance. Patient engagement initiatives enhance communication with patients but do not systematically assess compliance risks within organizational practices.

8. Which entities are subject to the HIPAA Security Rule?

- A. Only healthcare providers
- B. Health plans and healthcare clearinghouses only
- C. Health apps on smartphones
- D. Health plans, healthcare providers, and clearinghouses that transmit PHI electronically**

The HIPAA Security Rule applies to health plans, healthcare providers, and healthcare clearinghouses that engage in electronic transactions involving Protected Health Information (PHI). This rule was established to ensure the confidentiality, integrity, and availability of electronic PHI. When these entities operate in a manner that requires them to handle electronic PHI, they are mandated to implement adequate safeguards to protect this sensitive information. Healthcare providers encompass hospitals, doctors, and other practitioners that might transmit PHI electronically, while health plans include insurers and Medicare or Medicaid programs. Healthcare clearinghouses serve as intermediaries that process or facilitate the transmission of health information, thus playing a key role in the handling of PHI. In contrast, while health apps on smartphones may handle health-related data, not all applications are classified under HIPAA unless they meet specific criteria, such as being a business associate that transmits PHI on behalf of a covered entity. Therefore, it is the combination of health plans, healthcare providers, and healthcare clearinghouses that are explicitly subject to the mandates of the HIPAA Security Rule when they manage PHI electronically.

9. Which elements of a physician's professional identity should be protected against identity theft?

- A. Only the Tax I.D. Number
- B. Only the National Provider Identifier (NPI)
- C. Drug Enforcement Agency (DEA) number, license number, photo I.D., Tax I.D. Number and NPI
- D. Only the license number and photo I.D.**

The elements of a physician's professional identity that should be protected against identity theft include critical identifiers that could be misused to gain unauthorized access to personal and professional information or to commit fraud. The correct answer highlights the importance of protecting the license number and photo I.D., which are unique identifiers tied specifically to the physician's identity and ability to practice medicine. A license number is critical because it grants the physician the legal authority to operate in their field, and if compromised, it could be used illegally. The photo I.D. provides a visual identifier, which is crucial for verifying identity in various professional settings, thereby helping to prevent identity theft. Additionally, while other identifiers such as a DEA number, Tax I.D. Number, and NPI are also sensitive and can lead to identity theft if compromised, the answer emphasizes the more immediate and recognizable aspects of identity that need protection. Protecting these identifiers is essential for maintaining the integrity of the physician's professional identity and safeguarding against potential misconduct or fraud.

10. Which of the following is a form of medical identity theft?

- A. Using someone else's insurance to obtain medical services
- B. Billing for services not rendered
- C. A and B
- D. B and C**

The correct selection indicates that both billing for services not rendered and using someone else's insurance to obtain medical services are forms of medical identity theft. Medical identity theft occurs when an individual's personal health information is used without their permission to obtain medical services, prescriptions, or to engage in health-related fraud. This makes the first part of the correct answer significant; utilizing someone else's insurance to access medical care directly involves impersonating that individual, highlighting a clear violation of their personal medical identity. Billing for services not rendered also falls within the realm of medical identity theft, as it often involves fraudulently stating that services were provided when they were not. This act can lead to financial loss and damage to the legitimate patient's medical record, displaying deceptive practices that exploit both the individual and healthcare systems. The combination of both actions reinforces the understanding that medical identity theft encompasses a range of fraudulent activities that misuse personal health information. Hence, the answer includes both elements of misrepresentation in the medical context.

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.

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

<https://healthstreamemtalahippacomp.examzify.com>

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

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