

Ivy Tech Medical Law & Ethics Final 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 is the primary purpose of the HIPAA Security Rule?**
 - A. To regulate patient consent for research.**
 - B. To regulate hospital staffing.**
 - C. To protect the confidentiality, integrity, and availability of electronic protected health information (ePHI) through administrative, physical, and technical safeguards.**
 - D. To regulate medical device security standards.**

- 2. What is the purpose of statutes of limitations in malpractice suits?**
 - A. To limit the time to bring a lawsuit after discovery of injury**
 - B. To increase damages**
 - C. To determine standard of care**
 - D. To require informed consent**

- 3. Which statutes are major fraud and abuse statutes impacting physicians and clinical practice?**
 - A. False Claims Act and Anti-Kickback Statute**
 - B. Sarbanes-Oxley and HIPAA**
 - C. FDA Act and Medicare Act**
 - D. ADA and FMLA**

- 4. In Indiana, which professionals are typically mandatory reporters of suspected child abuse?**
 - A. Only nurses**
 - B. All citizens**
 - C. Physicians and many healthcare professionals**
 - D. Only social workers**

- 5. What is the primary role of a medical examiner or coroner when a patient dies under medical care?**
 - A. They investigate the cause of death to determine whether natural, accidental, or due to foul play or medical error.**
 - B. They provide immediate medical treatment at death.**
 - C. They charge physicians with malpractice.**
 - D. They determine the patient's prognosis.**

- 6. The doctrine that requires courts to follow established precedent is known as:**
- A. Stare decisis**
 - B. Res judicata**
 - C. Voir dire**
 - D. Habeas corpus**
- 7. Which term refers to irreversible cessation of all brain function, used to determine death?**
- A. Do-not-resuscitate order**
 - B. Health disparity**
 - C. Brain death**
 - D. Access**
- 8. Who is the person who commits a tort?**
- A. Tort**
 - B. Tortfeasor**
 - C. Negligence**
 - D. Contract**
- 9. Which statement about minors' consent in Indiana is accurate?**
- A. Minor consent is always valid without parental involvement.**
 - B. Minor consent requires a parent's signature in all cases with no exceptions.**
 - C. Minor consent is never permitted for confidential care.**
 - D. Minor consent is permitted for certain services (e.g., emancipated minors or mature minor doctrine) with appropriate oversight.**
- 10. What is the term for the legal document that designates someone to make health care decisions for a patient who cannot do so?**
- A. Health care power of attorney**
 - B. Advanced directive**
 - C. Access**
 - D. Brain death**

Answers

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

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Explanations

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1. What is the primary purpose of the HIPAA Security Rule?

- A. To regulate patient consent for research.**
- B. To regulate hospital staffing.**
- C. To protect the confidentiality, integrity, and availability of electronic protected health information (ePHI) through administrative, physical, and technical safeguards.**
- D. To regulate medical device security standards.**

The HIPAA Security Rule protects electronic protected health information by requiring safeguards across administrative, physical, and technical domains to ensure its confidentiality, integrity, and availability. Covered entities and business associates must conduct a risk analysis, implement security policies and training, enforce access controls and authentication, use encryption or equivalent protections, monitor and audit activity, and secure devices and physical media. This framework targets reducing the risk of unauthorized access, disclosure, alteration, or destruction of ePHI while it's stored, processed, or transmitted. It isn't about patient consent for research, hospital staffing, or device safety standards regulated by other agencies; its focus is safeguarding the ePHI itself.

2. What is the purpose of statutes of limitations in malpractice suits?

- A. To limit the time to bring a lawsuit after discovery of injury**
- B. To increase damages**
- C. To determine standard of care**
- D. To require informed consent**

Statutes of limitations set a deadline for filing a lawsuit. In medical malpractice, this deadline is often tied to when the patient discovers the injury (or should have discovered it), not when the negligent act occurred. This timing protects evidence, promotes timely resolution, and provides certainty for both patients and providers. It also recognizes that some injuries are not immediately apparent, so the clock starts when the harm is discovered. The other ideas don't fit this purpose: limits on damages are about remedies, not timing; the standard of care is determined by professional rules and expert testimony, not by filing deadlines; and informed consent relates to disclosure before treatment, not to how long you have to sue after harm occurs.

3. Which statutes are major fraud and abuse statutes impacting physicians and clinical practice?

- A. False Claims Act and Anti-Kickback Statute**
- B. Sarbanes-Oxley and HIPAA**
- C. FDA Act and Medicare Act**
- D. ADA and FMLA**

The key idea is how fraud and abuse laws govern how physicians bill for services and how they are paid for referrals. Two statutes stand out as the major ones in this area. The False Claims Act makes it illegal to submit or cause to be submitted to federal programs like Medicare or Medicaid any false or fraudulent claims for payment. It also includes qui tam provisions that allow whistleblowers to sue on behalf of the government and share in any recovered funds. This statute focuses on the accuracy and honesty of billing and demands that claims reflect the actual services provided. The Anti-Kickback Statute prohibits offering, paying, soliciting, or receiving any remuneration to induce or reward referrals for items or services covered by federal health programs. The purpose is to prevent financial incentives from compromising clinical judgment or leading to overutilization or inappropriate referrals. The law often operates with safe harbors and requires intent to influence referrals, though some violations can occur without proof of intent. Together, these statutes shape daily practice: they discourage improper billing practices, influence how physicians document and code services, and govern referral arrangements. Violations can lead to serious civil and criminal penalties, settlements, and corrective actions, making compliance programs and monitoring essential. The other options involve areas like corporate governance, privacy and security of health information, disability rights, or general labor law, which are not the primary fraud-and-abuse statutes affecting clinical practice.

4. In Indiana, which professionals are typically mandatory reporters of suspected child abuse?

- A. Only nurses**
- B. All citizens**
- C. Physicians and many healthcare professionals**
- D. Only social workers**

Mandatory reporting laws assign the duty to report suspected child abuse to people who are in positions to notice it in the course of their work. In Indiana, physicians and many healthcare professionals are among those required to report. This reflects the obligation of clinicians and others who care for children to act quickly to protect a child when abuse or neglect is suspected. Reports typically go to the Department of Child Services or to law enforcement, and there are usually timelines to follow for making the report. Penalties can apply for failing to report. Choosing all citizens would overstate who is legally obligated, and limiting the duty to nurses or to social workers alone would miss the broader group of professionals who commonly must report (including physicians and others involved in child care).

5. What is the primary role of a medical examiner or coroner when a patient dies under medical care?

- A. They investigate the cause of death to determine whether natural, accidental, or due to foul play or medical error.**
- B. They provide immediate medical treatment at death.**
- C. They charge physicians with malpractice.**
- D. They determine the patient's prognosis.**

The main job is to determine the cause and the manner of death when death occurs under medical care. The medical examiner or coroner acts as an independent investigator, reviewing medical records, examining the body, and often ordering an autopsy to figure out whether the death was due to natural disease, an accident, suicide, homicide, or was undetermined. This determination helps finalize the official death certificate and can prompt legal or public health actions if there is suspicion of medical error or foul play. They do not provide treatment at the time of death, nor do they charge physicians with malpractice—the role isn't to assign blame, but to uncover the factual cause and manner that may lead to appropriate investigations by prosecutors or licensing bodies.

6. The doctrine that requires courts to follow established precedent is known as:

- A. Stare decisis**
- B. Res judicata**
- C. Voir dire**
- D. Habeas corpus**

Stare decisis is the principle that courts follow established precedent, standing by decisions made in earlier cases when the facts are similar. This creates consistency and predictability in the law, which is crucial in medical law and ethics for things like patient rights, informed consent, and malpractice standards. Courts apply the same legal rules to similar situations to ensure fair and stable outcomes over time. While courts may sometimes overturn or distinguish precedent in exceptional circumstances, the default aim is to uphold the earlier ruling. Res judicata refers to once-final judgments preventing re-litigation of the same claim, voir dire is the jury-selection process, and habeas corpus is a writ challenging unlawful detention.

7. Which term refers to irreversible cessation of all brain function, used to determine death?

- A. Do-not-resuscitate order**
- B. Health disparity**
- C. Brain death**
- D. Access**

Brain death is the irreversible cessation of all brain function, including the brainstem, and it serves as the medical and legal standard for death in many settings. When brain activity cannot recover and cannot be restored, a person is considered dead even if the heart can continue to beat with life support. Determining brain death typically involves a careful clinical examination and testing such as apnea testing, with additional confirmatory tests as required by local protocols. This is different from a coma or a persistent vegetative state, where some brain activity may remain and breathing can occur without full brainstem function; those conditions do not meet the criteria for legal death. A do-not-resuscitate order is about whether to start or withhold resuscitation during emergencies and does not define death. Health disparity and access relate to broader social and logistical factors in care, not the definition of death itself.

8. Who is the person who commits a tort?

- A. Tort**
- B. Tortfeasor**
- C. Negligence**
- D. Contract**

In tort law, the person who commits a civil wrong is called the tortfeasor. A tort is a civil wrong that causes harm or loss, and the tortfeasor is the individual who performed the wrongful act or omission and can be held liable to the injured party. The term tort refers to the wrong itself, not the person who commits it. Negligence, as a type of tort or as a standard of care, describes the conduct that breaches a duty and causes harm—it explains what happened, not who did it. Contract, on the other hand, deals with promises creating obligations; a breach of contract is a contract matter, not a tort (unless a separate tortious act accompanies it).

9. Which statement about minors' consent in Indiana is accurate?
- A. Minor consent is always valid without parental involvement.
 - B. Minor consent requires a parent's signature in all cases with no exceptions.
 - C. Minor consent is never permitted for confidential care.
 - D. Minor consent is permitted for certain services (e.g., emancipated minors or mature minor doctrine) with appropriate oversight.**

In Indiana, minors can consent to certain medical services without a parent, but not universally. The law recognizes situations where a minor's independence is acknowledged or where the minor is deemed capable of understanding and deciding about their care. Emancipated minors may consent to medical treatment as adults, without parental involvement. The mature minor doctrine allows a minor who demonstrates sufficient maturity and understanding of the treatment and its consequences to consent on their own, as judged by the clinician. Additionally, for confidential services such as contraception, STI testing and treatment, pregnancy-related care, and some mental health or substance abuse services, minors may consent without parental involvement, provided the clinician assesses capacity and follows applicable privacy rules and oversight. The other statements misstate the scope: consent is not always valid without parental involvement, parental signatures are not required in all cases, and confidential care often does allow minor consent rather than never permitting it.

10. What is the term for the legal document that designates someone to make health care decisions for a patient who cannot do so?
- A. Health care power of attorney**
 - B. Advanced directive
 - C. Access
 - D. Brain death

The essential idea is who is authorized to make medical decisions when a patient cannot. The document that names that person is a health care power of attorney, sometimes called a durable power of attorney for health care or a health care proxy. It explicitly designates an agent to decide about treatments on the patient's behalf, following the patient's wishes or, if unknown, acting in the patient's best interests. An advanced directive covers treatment preferences and may include wishes about care, but it does not by itself appoint a decision-maker; access is not a legal instrument for appointing a surrogate, and brain death is a medical determination, not a document.

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://ivytechmedlawethicsfinal.examzify.com>

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

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