

# LSUHSC Office of Compliance Programs (OCP) Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. Which of the following are examples of state assets?**
  - A. Any funds held by LSUHSC-NO**
  - B. Supplies owned by private organizations**
  - C. Personal property of staff members**
  - D. Operational budgets of student organizations**
- 2. What should a person do if they have asked a harasser to stop, but the behavior continues?**
  - A. Confront the harasser more aggressively**
  - B. Keep it to themselves and avoid trouble**
  - C. Contact the Title IX Coordinator or a Confidential Advisor**
  - D. Change jobs or schools immediately**
- 3. In the event a student sustains a minor injury in class, what form must be completed?**
  - A. DA 2000 form**
  - B. DA 3000 form**
  - C. DA 2041 form**
  - D. No form is needed**
- 4. What does PHI stand for in a healthcare context?**
  - A. Public Health Information**
  - B. Protected Health Information**
  - C. Patient Health Index**
  - D. Personal Health Information**
- 5. How should someone react to a known risk of a weapon on campus?**
  - A. Stay calm and ignore it**
  - B. Contact campus authorities immediately**
  - C. Confront the individual directly**
  - D. Lock the area down**

- 6. If an employee had an accident that required a doctor's visit, is completing the Office of Workers Compensation DA 1973 form the only reporting action required?**
- A. True**
  - B. False**
- 7. Are both the accuser and the accused allowed to have advisors during disciplinary proceedings?**
- A. Yes**
  - B. No**
  - C. Only the accused**
  - D. Only the accuser**
- 8. What should you do when the fire alarm goes off in your building?**
- A. Evacuate the building and go to the emergency area.**
  - B. Stay put, as it might be a false alarm.**
  - C. Evacuate to the parking garage.**
  - D. Call University Police to confirm the alarm.**
- 9. What is a potential consequence of a breach of PHI?**
- A. Improved trust between patients and healthcare providers**
  - B. Legal action against the organization**
  - C. Increased patient engagement**
  - D. Better institutional policy development**
- 10. Upon noticing a strange email sent from your account, what should you do?**
- A. Ignore it and delete it**
  - B. Contact your computer supporter or Help Desk**
  - C. Show it to your co-workers**
  - D. Change your password immediately**

## **Answers**

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

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## **Explanations**

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**1. Which of the following are examples of state assets?**

- A. Any funds held by LSUHSC-NO**
- B. Supplies owned by private organizations**
- C. Personal property of staff members**
- D. Operational budgets of student organizations**

The correct choice identifies state assets accurately because any funds held by LSUHSC-NO represent resources that are owned or managed by a public institution, thus classifying them as state assets. These funds are derived from state appropriations, grants, or other governmental sources, which are intended to be used for public educational purposes and in support of the mission of LSUHSC-NO. In contrast, the other options do not qualify as state assets. Supplies owned by private organizations are not assets of the state; they belong to the private entity and are distinct from public resources. Similarly, personal property of staff members is private and not owned by the state institution, thus cannot be categorized as state assets. Lastly, operational budgets of student organizations, while possibly funded through state resources, are typically regarded as separate from the assets of the institution itself, especially if the organizations operate independently. Therefore, the distinction of state assets is clearly represented through the funds held by LSUHSC-NO.

**2. What should a person do if they have asked a harasser to stop, but the behavior continues?**

- A. Confront the harasser more aggressively**
- B. Keep it to themselves and avoid trouble**
- C. Contact the Title IX Coordinator or a Confidential Advisor**
- D. Change jobs or schools immediately**

When someone has asked a harasser to stop but the behavior persists, it is crucial to take appropriate action to ensure personal safety and to seek resolution for the harassment. Contacting the Title IX Coordinator or a Confidential Advisor is the correct step because these individuals are specifically trained to handle harassment cases, including sexual harassment and discrimination, within educational institutions. The Title IX Coordinator oversees compliance with Title IX regulations, which are designed to prevent gender-based discrimination in educational environments. By reaching out to them, the victim can receive support, guidance on their options, and assistance in taking formal action against the harassment. Confidential Advisors provide a safe space to discuss feelings and seek advice without the fear of immediate repercussions, allowing the individual to make informed decisions about their next steps. It's essential to engage with these resources rather than confronting the harasser more aggressively, as this could escalate the situation and lead to further danger or retaliation. Keeping the issue to oneself may lead to additional loneliness and despair while avoiding resolution. Changing jobs or schools, while sometimes necessary, shouldn't be the first response, as it may not address the harassment itself and could ultimately lead to further feelings of victimization. Seeking help through the appropriate channels is the most constructive approach to dealing with ongoing harassment.

**3. In the event a student sustains a minor injury in class, what form must be completed?**

- A. DA 2000 form**
- B. DA 3000 form**
- C. DA 2041 form**
- D. No form is needed**

When a student sustains a minor injury in class, it is essential to complete the appropriate incident report form to ensure that there is an official record of the injury and any actions taken following the incident. The DA 3000 form is specifically designated for reporting incidents related to minor injuries that occur in an educational setting. This form helps to document the circumstances of the injury, the response provided at the time, and allows for any necessary follow-up actions to be tracked. Completing the DA 3000 form is crucial for compliance and risk management protocols, as it provides a systematic way to collect information that may be necessary for both health and safety reviews and for potential insurance claims. It also ensures that the institution is meeting legal and regulatory standards regarding campus safety. In contrast, other forms mentioned in the choices may pertain to different types of reports or situations that do not directly address minor injuries in a classroom context. Therefore, utilizing the DA 3000 form ensures that the specifics of the minor injury are recorded accurately and appropriately, maintaining a standard procedure that supports both the injured party and the institution.

**4. What does PHI stand for in a healthcare context?**

- A. Public Health Information**
- B. Protected Health Information**
- C. Patient Health Index**
- D. Personal Health Information**

In a healthcare context, PHI stands for Protected Health Information. This term is crucial because it refers to any information about a person's health status, healthcare provision, or payment for healthcare that can be linked to an individual. This information is protected under the Health Insurance Portability and Accountability Act (HIPAA) regulations, which are designed to safeguard patient privacy and ensure confidentiality. Protected Health Information encompasses a wide range of data, including names, addresses, birth dates, social security numbers, and any other identifiers that could be used to trace back to an individual. The importance of this designation lies in the legal and ethical obligations healthcare organizations have to protect this information from unauthorized access and disclosure. By defining PHI, HIPAA ensures that entities handling sensitive health information are held accountable and that patients' privacy rights are upheld. This understanding is essential for compliance professionals in ensuring that healthcare practices adhere to relevant regulations.

**5. How should someone react to a known risk of a weapon on campus?**

- A. Stay calm and ignore it**
- B. Contact campus authorities immediately**
- C. Confront the individual directly**
- D. Lock the area down**

The appropriate reaction to a known risk of a weapon on campus is to contact campus authorities immediately. This response is critical for several reasons. First and foremost, it ensures that trained professionals can assess the situation and respond appropriately. Campus authorities, including security or law enforcement, have the expertise and resources necessary to handle potentially dangerous situations involving weapons. Their response could involve evacuating the area, securing individuals, or addressing the threat in a manner that maximizes safety. Additionally, reaching out to campus authorities allows for the prompt dissemination of information, helping to inform others on campus about the risk and ensure that the situation is managed effectively. Quickly notifying authorities can also help prevent confusion and panic that might occur if individuals attempt to handle the situation on their own. This response underscores the importance of following established safety protocols and reporting procedures, which are designed to protect the safety and well-being of all individuals on campus. In situations involving potential weapons, it is crucial to rely on the systems in place that are specifically designed to handle such threats rather than acting independently.

**6. If an employee had an accident that required a doctor's visit, is completing the Office of Workers Compensation DA 1973 form the only reporting action required?**

- A. True**
- B. False**

The correct choice is "False," because completing the Office of Workers Compensation DA 1973 form is not the only necessary reporting action required following an employee's accident that requires medical attention. In addition to filing this specific form, employers are typically obligated to follow additional protocols to ensure all aspects of the incident are properly documented and addressed. This may involve immediately reporting the incident to a supervisor or manager, documenting details of the accident in an internal incident report, and possibly notifying the HR department or workplace safety officer. Moreover, timely reporting to the Workers' Compensation insurance provider is essential to initiate any claims regarding medical treatment and lost wages. Each organization may have its own policies governing employee accidents, but compliance with both internal procedures and external regulations is crucial to ensure that all requirements are met thoroughly.

**7. Are both the accuser and the accused allowed to have advisors during disciplinary proceedings?**

**A. Yes**

**B. No**

**C. Only the accused**

**D. Only the accuser**

In disciplinary proceedings, allowing both the accuser and the accused to have advisors is designed to ensure fairness and provide support during a potentially stressful and complicated process. The presence of advisors can help all parties navigate the proceedings, understand their rights, and articulate their views and concerns more effectively. This practice aligns with principles of due process, which seek to guarantee that all participants have an equitable opportunity to present their cases and that their voices are adequately represented. Having advisors available reinforces the idea that both sides deserve an equal footing in the disciplinary context, promoting transparency and balance. This approach is common in many institutional policies, highlighting the commitment to fair treatment for all individuals involved, regardless of their role in the proceedings.

**8. What should you do when the fire alarm goes off in your building?**

**A. Evacuate the building and go to the emergency area.**

**B. Stay put, as it might be a false alarm.**

**C. Evacuate to the parking garage.**

**D. Call University Police to confirm the alarm.**

When the fire alarm goes off in your building, it is crucial to prioritize safety by evacuating the building and heading to the designated emergency area. This response is rooted in established safety protocols designed to protect individuals from potential harm. Fire alarms are intended to alert occupants to the presence of danger, and immediate evacuation minimizes the risk of injury from smoke inhalation or fire. Choosing to stay put, as suggested by one option, could expose you to serious danger if the alarm is indeed indicating a real fire. Relying on the possibility of a false alarm is not a safe practice when a clear safety protocol exists for such situations. Evacuating to the parking garage might seem like a logical option, but it is important to follow the established protocol that directs you to a designated emergency area. Such areas are typically strategically chosen to ensure safety and provide a gathering point for accountability. Contacting University Police to confirm the alarm is unnecessary and could divert valuable time away from evacuating. In a situation where your safety is compromised, swift action in accordance with fire safety procedures is always the best course of action. Therefore, evacuating the building and proceeding to the emergency area is the most appropriate response when the fire alarm sounds.

## 9. What is a potential consequence of a breach of PHI?

- A. Improved trust between patients and healthcare providers
- B. Legal action against the organization**
- C. Increased patient engagement
- D. Better institutional policy development

A potential consequence of a breach of Protected Health Information (PHI) is indeed legal action against the organization. When a healthcare entity fails to adequately protect sensitive patient information, it can face a variety of legal repercussions. These actions may arise from regulatory bodies, such as the Office for Civil Rights (OCR) within the Department of Health and Human Services, which enforces HIPAA regulations. Legal actions can lead to hefty fines, settlements, and increased scrutiny from regulators. Additionally, affected individuals may pursue civil lawsuits for damages, further compounding the organization's legal challenges. Addressing why the other options are less suitable, improving trust between patients and healthcare providers, increased patient engagement, and better institutional policy development are generally positive outcomes that are contingent on effective handling of patient information instead of breaches. When a breach occurs, it typically leads to diminished trust and confidence from patients, a drop in engagement due to concern over privacy, and a reactive rather than proactive approach to policy development, focusing on compliance after the fact rather than fostering a strong culture of privacy and security from the outset.

## 10. Upon noticing a strange email sent from your account, what should you do?

- A. Ignore it and delete it
- B. Contact your computer supporter or Help Desk**
- C. Show it to your co-workers
- D. Change your password immediately

When you notice a strange email sent from your account, it is crucial to take immediate action to prevent any potential security breach. Contacting your computer supporter or Help Desk is the most appropriate step as they are equipped to handle security incidents effectively. They can investigate the issue further to determine if your account has been compromised and can take necessary actions to secure it. This response not only addresses the potential threat posed by the unusual email but also helps ensure that the IT department can protect other users and systems within the organization from similar attacks. By leveraging their expertise, you can ensure that the issue is resolved properly, including potentially restoring account security and mitigating any further risks. Engaging with the Help Desk is the most proactive approach and can help in diagnosing whether the issue is a phishing attempt or some other type of malicious activity. This is essential because simply deleting the email or ignoring it does not address the underlying issue, nor does discussing it with co-workers without taking proper steps to secure your account or investigating the threat. Changing your password immediately can be a good security practice, but it should also be done alongside notifying IT support to ensure a comprehensive response to the situation.