

Covenant Care Annual Update Volunteer Training Quiz

Thank you for completing the Annual Update Volunteer Training Module. Please complete this quiz by answering True (T) or False (F) in each of the blanks below. A passing score is 80% or 12 questions answered correctly.

1. _____ Healthcare fraud is against the law.
2. _____ Patient abuse includes accidental injury to patients.
3. _____ Seeking personal gain from a relationship with a patient is considered exploitation.
4. _____ Volunteers must maintain professional boundaries with patients and families and not allow relationships to become too personal.
5. _____ Volunteers may accept gifts or money from patients or family members if they insist.
6. _____ Volunteers who are involved in an incident or accident, or who witness an incident or accident involving a patient or family member, must contact Covenant right away and complete an Occurrence form in SafetyZone.
7. _____ Covenant Hospice has a disaster/emergency line that can be called by employees and volunteers for updates and branch office closings/re-openings.
8. _____ The single most important thing that volunteers can do to prevent infection is to wear gloves at all times.
9. _____ The Centers for Disease Control says that alcohol-based hand rubs are just as effective as hand washing with soap and water.
10. _____ Flu shots are required for patient/family support volunteers annually during flu season. If volunteers do not provide documentation of a flu vaccine they will be required to wear a mask when within six (6) feet of a patient.
11. _____ HIPAA stands for Health Insurance Portability and Accountability Act.
12. _____ Patients' health information belongs to Covenant Hospice.
13. _____ Privacy is a patient's right to control access and disclosure of their protected health information.
14. _____ Security is an organization's responsibility to control how health information is protected.
15. _____ One example of a HIPAA violation is including patient information in an email, unless that email is encrypted.

Volunteer Name: _____

Branch: _____

Date: _____