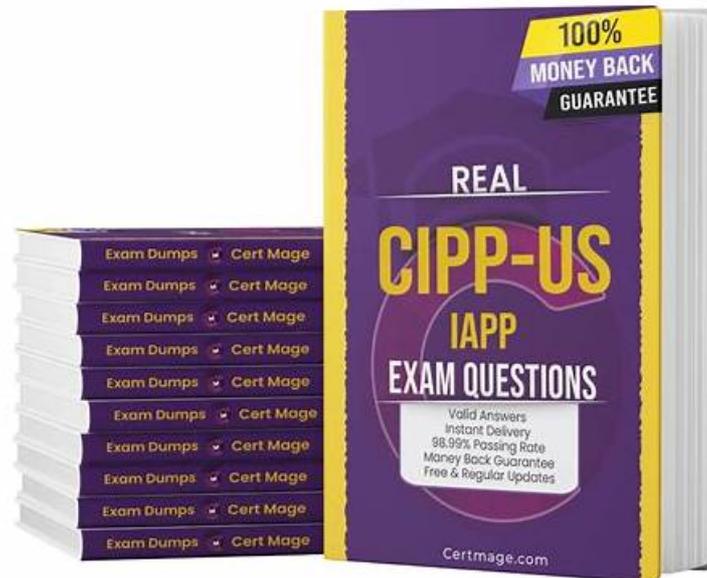


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## **IAPP Certified Information Privacy Professional/United States (CIPP/US) Sample Questions (Q163-Q168):**

### **NEW QUESTION # 163**

When does the Telemarketing Sales Rule require an entity to share a do-not-call request across its organization?

- **A. When the operational structures of its divisions are not transparent**
- B. When the entity manages user preferences through multiple platforms
- C. When a call is not the result of an error or other unforeseen cause
- D. When the goods and services sold by its divisions are very similar

**Answer: A**

Explanation:

- \* The Telemarketing Sales Rule (TSR) is a federal regulation that implements the Telemarketing and Consumer Fraud and Abuse Prevention Act of 1994. The TSR aims to protect consumers from deceptive or abusive telemarketing practices, such as unwanted calls, false or misleading claims, unauthorized billing, and privacy violations<sup>1</sup>.
- \* The TSR requires telemarketers and sellers to comply with the National Do Not Call Registry, which is a list of phone numbers of consumers who have indicated that they do not want to receive telemarketing calls<sup>2</sup>.
- \* The TSR also requires telemarketers and sellers to honor the do-not-call requests of individual consumers, regardless of whether their numbers are on the National Do Not Call Registry or not<sup>2</sup>.
- \* A do-not-call request is a statement made by a consumer, either orally or in writing, that they do not wish to receive any more calls from a specific telemarketer or seller<sup>2</sup>.
- \* The TSR requires an entity to share a do-not-call request across its organization when the operational structures of its divisions are not transparent to consumers<sup>3</sup>. This means that the entity must treat the do-not-call request as if it applies to all of its affiliates and subsidiaries that engage in telemarketing, unless the consumer would reasonably expect them to be separate and distinct entities based on their names, products, or services<sup>3</sup>.
- \* The TSR does not require an entity to share a do-not-call request across its organization in the following situations:
  - \* When the goods and services sold by its divisions are very similar. This is not a relevant factor for determining whether the entity must share a do-not-call request across its organization. The key factor is whether the consumers can distinguish between the different divisions based on their operational structures<sup>3</sup>.
  - \* When a call is not the result of an error or other unforeseen cause. This is not an exception to the requirement to honor a do-not-call request. The TSR prohibits telemarketers and sellers from calling a consumer who has made a do-not-call request, unless the call falls under one of the specific exemptions, such as calls from or on behalf of tax-exempt nonprofit organizations, calls to consumers with whom the seller has an established business relationship, or calls to consumers who have given prior express written consent<sup>2</sup>.
  - \* When the entity manages user preferences through multiple platforms. This is not an excuse for not sharing a do-not-call request across its organization. The TSR requires telemarketers and sellers to maintain an internal do-not-call list of consumers who have asked them not to call again, and to update the list at least once every 31 days<sup>2</sup>. The entity must ensure that the do-not-call request is recorded and communicated across all of its platforms that are used for telemarketing purposes<sup>3</sup>.

References: 1: Telemarketing Sales Rule 2: Q&A for Telemarketers & Sellers About DNC Provisions in TSR 3: Federal Register :: Telemarketing Sales Rule

### **NEW QUESTION # 164**

What type of material is exempt from an individual's right to disclosure under the Privacy Act?

- A. Material requires by statute to be maintained and used solely for research purposes.
- B. Material used to determine potential collaboration with foreign governments in negotiation of trade deals.
- C. Material reporting investigative efforts to prevent unlawful persecution of an individual.
- **D. Material reporting investigative efforts pertaining to the enforcement of criminal law.**

**Answer: D**

Explanation:

The Privacy Act allows agencies to exempt certain records from some of its provisions, including the right to disclosure, if the records fall within one of the categories specified in subsections (j) or (k) of the Act. One of these categories is records maintained by an agency or component thereof which performs as its principal function any activity pertaining to the enforcement of criminal laws, including police efforts to prevent, control, or reduce crime or to apprehend criminals, and the activities of prosecutors, courts, correctional, probation, pardon, or parole authorities, and which consists of (A) information compiled for the purpose of identifying individual criminal offenders and alleged offenders and consisting only of identifying data and notations of arrests, the nature and disposition of criminal charges, sentencing, confinement, release, and parole and probation status; (B) information compiled for the purpose of a criminal investigation, including reports of informants and investigators, and associated with an identifiable individual; or (C) reports identifiable to an individual compiled at any stage of the process of enforcement of the criminal laws from arrest or indictment through release from supervision. 5 U.S.C. § 552a (j) (2). Therefore, material reporting investigative efforts pertaining to the enforcement of criminal law falls within this category and can be exempted from the right to disclosure under the Privacy Act.

#### **NEW QUESTION # 165**

Which of the following is commonly required for an entity to be subject to breach notification requirements under most state laws?

- **A. The entity must conduct business in the state**
- B. The entity must have employees in the state
- C. The entity must be an information broker
- D. The entity must be registered in the state

**Answer: A**

Explanation:

Most state laws require that a person or business that conducts business in the state and owns or licenses personal information of residents of that state must notify those residents of any breach of the security of the system involving their personal information. This means that the entity does not have to be physically located in the state, have employees in the state, or be registered in the state to be subject to the breach notification requirements, as long as it conducts business in the state and holds personal information of state residents. Conducting business in the state can be interpreted broadly to include any transaction or activity that involves the state or its residents, such as selling goods or services, collecting payments, or maintaining a website accessible by state residents.

#### **NEW QUESTION # 166**

SCENARIO

Please use the following to answer the next QUESTION:

Declan has just started a job as a nursing assistant in a radiology department at Woodland Hospital. He has also started a program to become a registered nurse.

Before taking this career path, Declan was vaguely familiar with the Health Insurance Portability and Accountability Act (HIPAA). He now knows that he must help ensure the security of his patients' Protected Health Information (PHI). Therefore, he is thinking carefully about privacy issues.

On the morning of his first day, Declan noticed that the newly hired receptionist handed each patient a HIPAA privacy notice. He wondered if it was necessary to give these privacy notices to returning patients, and if the radiology department could reduce paper waste through a system of one-time distribution.

He was also curious about the hospital's use of a billing company. He questioned whether the hospital was doing all it could to protect the privacy of its patients if the billing company had details about patients' care.

On his first day Declan became familiar with all areas of the hospital's large radiology department. As he was organizing equipment left in the hallway, he overheard a conversation between two hospital administrators.

He was surprised to hear that a portable hard drive containing non-encrypted patient information was missing.

The administrators expressed relief that the hospital would be able to avoid liability. Declan was surprised, and wondered whether the hospital had plans to properly report what had happened.

Despite Declan's concern about this issue, he was amazed by the hospital's effort to integrate Electronic Health Records (EHRs) into the everyday care of patients. He thought about the potential for streamlining care even more if they were accessible to all medical facilities nationwide.

Declan had many positive interactions with patients. At the end of his first day, he spoke to one patient, John, whose father had just been diagnosed with a degenerative muscular disease. John was about to get blood work done, and he feared that the blood work could reveal a genetic predisposition to the disease that could affect his ability to obtain insurance coverage. Declan told John that he did not think that was possible, but the patient was wheeled away before he could explain why. John plans to ask a colleague about

this.

In one month, Declan has a paper due for one his classes on a health topic of his choice. By then, he will have had many interactions with patients he can use as examples. He will be pleased to give credit to John by name for inspiring him to think more carefully about genetic testing.

Although Declan's day ended with many Questions, he was pleased about his new position.

Based on the scenario, what is the most likely way Declan's supervisor would answer his question about the hospital's use of a billing company?

- A. By suggesting that Declan look at the hospital's publicly posted privacy policy
- B. By assuring Declan that third parties are prevented from seeing Private Health Information (PHI)
- C. By describing how the billing system is integrated into the hospital's electronic health records (EHR) system
- **D. By pointing out that contracts are in place to help ensure the observance of minimum security standards**

**Answer: D**

Explanation:

HIPAA requires covered entities, such as hospitals, to enter into contracts with their business associates, such as billing companies, that access, use, or disclose protected health information (PHI). These contracts, known as business associate agreements (BAAs), must specify the permitted and required uses and disclosures of PHI by the business associate, as well as the safeguards, reporting, and termination procedures that the business associate must follow to protect the privacy and security of PHI. By having these contracts in place, the hospital can ensure that the billing company is complying with HIPAA and observing the minimum security standards required by law. References:

\* HIPAA Rules for Medical Billing - Compliancy Group

\* HIPAA Compliance for Billing Companies: Easy Guide - iFax

#### **NEW QUESTION # 167**

A large online bookseller decides to contract with a vendor to manage Personal Information (PI). What is the least important factor for the company to consider when selecting the vendor?

- A. The vendor's financial health
- **B. The vendor's employee retention rates**
- C. The vendor's reputation
- D. The vendor's employee training program

**Answer: B**

Explanation:

When selecting a vendor to manage personal information, the company should consider various criteria, such as the vendor's reputation, financial health, employee training program, privacy policies, security practices, compliance record, contractual terms, and service quality. However, the vendor's employee retention rates may not be as important as the other factors, as they do not directly affect the vendor's ability to protect and process the personal information entrusted to them. While high employee turnover may indicate some issues with the vendor's management or culture, it may not necessarily impact the vendor's performance or reliability, as long as the vendor has adequate measures to ensure continuity, accountability, and confidentiality of the personal information they handle. References:

\* Vendor Selection Process: a Step-by-Step Guide, section "Step 2: Define the vendor selection criteria"

\* [IAPP CIPP/US Study Guide], p. 81-82, section 3.4.1

\* [IAPP CIPP/US Body of Knowledge], p. 18-19, section C.2.a

#### **NEW QUESTION # 168**

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