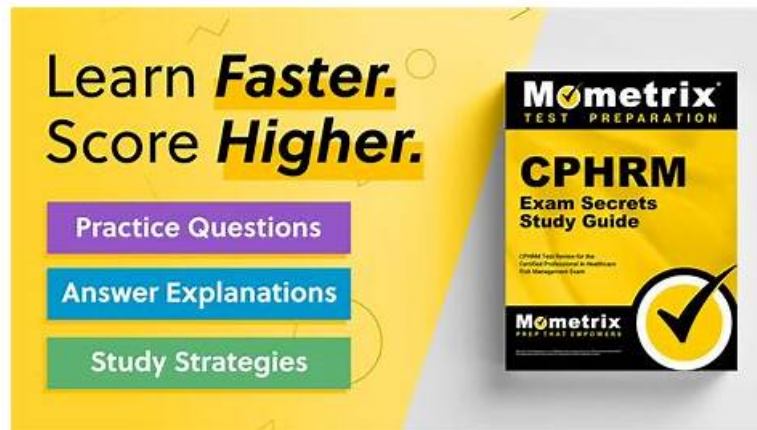


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ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> Clinical Patient Safety: This domain focuses on improving patient safety by promoting a safety culture, managing incident reporting, educating staff and patients, addressing ethical concerns, and implementing corrective actions to reduce risks and prevent harm.
Topic 2	<ul style="list-style-type: none"> Healthcare Operations: This domain involves managing operational risk activities such as conducting risk assessments, developing policies, coordinating risk programs, supervising staff, and supporting patient safety initiatives.

Topic 3	<ul style="list-style-type: none"> • Legal and Regulatory: This domain focuses on ensuring compliance with healthcare laws and regulations, protecting patient information, managing reporting requirements, and supporting accreditation and regulatory responses.
Topic 4	<ul style="list-style-type: none"> • Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.
Topic 5	<ul style="list-style-type: none"> • Claims and Litigation: This domain focuses on handling potential claims and legal cases, including claim reporting, litigation support, legal documentation management, and analyzing claims data to understand risk exposure.

ASHRM Certified Professional in Health Care Risk Management (CPhRM) Sample Questions (Q45-Q50):

NEW QUESTION # 45

An unstable patient in the emergency department needs transfer to another hospital. Which of the following statements is true regarding the refusal of an on-call physician to treat this patient?

- **A. The on-call physician is relieved of duty only if unavailable because of caring for another patient, or because of other circumstances outside the physician's control.**
- B. The on-call physician is never relieved of duty to accept a patient needing specialized services.
- C. The on-call physician may refuse to participate in the care of any patient, for any reason.
- D. The on-call physician may refuse to participate in the care of a patient, as long as that refusal is not based on insurance status or other financial concerns.

Answer: A

Explanation:

Under Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, obligations under the Emergency Medical Treatment and Labor Act EMTALA govern on-call physician responsibilities.

When a hospital maintains an on-call roster to provide specialty services for emergency department patients, physicians listed on call are required to respond and participate in the evaluation and stabilization of patients with emergency medical conditions.

An on-call physician may only be relieved of duty if legitimately unavailable due to circumstances beyond their control, such as actively caring for another patient or being otherwise unable to respond in accordance with hospital policy. Refusal to treat for convenience or non-clinical reasons may constitute an EMTALA violation and expose both the hospital and physician to regulatory penalties.

A blanket right to refuse care is inconsistent with EMTALA requirements. While financial discrimination is prohibited, refusal for other non-justifiable reasons may still violate federal law. Conversely, stating that a physician is never relieved of duty is inaccurate, as legitimate unavailability may excuse performance under specific circumstances.

Legal and regulatory objectives emphasize compliance with EMTALA, proper on-call coverage policies, and documentation of availability. Therefore, the correct statement is that relief occurs only when the physician is unavailable due to circumstances outside their control.

NEW QUESTION # 46

What is responsible for many HIPAA privacy violations in practice?

- **A. Impermissible access/disclosure (including "snooping" without a job-related need)**
- B. Proper encryption practices
- C. Correctly authorized disclosures
- D. De-identification

Answer: A

Explanation:

A frequent HIPAA Privacy Rule violation is impermissible access or disclosure of protected health information—commonly including employee "snooping" (accessing records of family, friends, coworkers, or celebrities without a work-related need) and other unauthorized disclosures. Risk management objectives focus on preventing these events through role-based access, audit logs with active monitoring, sanctions policies consistently enforced, workforce training, and a culture that treats privacy as patient safety.

Even when disclosures are not malicious, "minimum necessary" failures, misdirected faxes/emails, and unsecured devices can create reportable breaches. Effective prevention is layered: technical controls (access restrictions), administrative controls (policies, training), and detection/response (auditing, rapid mitigation). Privacy violations are high-risk because they harm patients, trigger regulatory action, and damage trust and reputation.

NEW QUESTION # 47

What in particular is the process chain in a laboratory subject to?

- A. Variability across pre-analytical, analytical, and post-analytical phases
- B. Zero human factors influence
- C. Exclusively equipment failure
- D. Standardization only

Answer: A

Explanation:

Laboratory testing is best understood as a total testing process (from test ordering through specimen collection, analysis, and result reporting). Across this chain, error risk is heavily influenced by variability—especially in pre-analytical steps (patient identification, tube labeling, specimen handling, transport conditions) and post-analytical steps (timely reporting, critical value communication, interpretation). Risk management objectives emphasize controlling variation through standard work, barcoding, competency training, environmental controls, and quality indicators for each phase. Importantly, many lab failures arise outside the analyzer itself; focusing only on the analytical instrument misses major sources of harm. Reducing variability improves reliability, reduces redraws and diagnostic delay, and supports defensible performance in accreditation and event review. In short: the lab process chain is a high-volume, multi-step clinical production system—variation is inevitable, but unmanaged variation increases patient safety risk.

NEW QUESTION # 48

Per The Joint Commission and CMS patient visitation standards, a hospital may restrict an individual's ability to visit a patient if the visitor

- A. is not the patient's immediate family member.
- B. is not the patient's designated healthcare surrogate.
- C. administered the patient an unknown drug via IV.
- D. is known to be a drug seeker in the community.

Answer: C

Explanation:

According to Health Care Risk Management standards supported by ASHRM, CMS Conditions of Participation, and The Joint Commission patient visitation standards, hospitals must have written visitation policies that respect patient rights. Patients generally have the right to designate visitors of their choosing, including individuals who are not immediate family members. Visitation cannot be restricted based on non-clinical factors such as relationship status or surrogate designation.

However, facilities may impose clinically reasonable or safety-based restrictions. If a visitor administers an unknown drug intravenously to a patient, this presents a clear and immediate threat to patient safety. Such conduct justifies restricting visitation to protect the patient from harm, maintain clinical control of treatment, and prevent unsafe interference with care.

Being known as a drug seeker in the community, without evidence of disruptive or harmful behavior during the visit, does not alone justify restriction under patient rights standards. Similarly, visitation cannot be denied solely because the individual is not the designated healthcare surrogate.

Legal and regulatory objectives emphasize balancing patient rights with safety and security. Therefore, a hospital may restrict visitation when a visitor's actions pose a direct threat to patient safety.

NEW QUESTION # 49

Which of the following concerns meets the CMS Hospital Conditions of Participation 42 CFR §482.12 classification as a grievance?

- A. a verbal complaint that cannot be solved by current staff, and the resolution of which is postponed for later
- B. information obtained with a patient satisfaction survey
- C. post-hospital verbal communication regarding a care issue that could have been handled by the staff during visit but was not reported

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