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## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q68-Q73):

### NEW QUESTION # 68

An indemnification clause in a contract is designed to

- A. clarify commitments to compensate the other party for harm, liability, or loss.
- B. defer all legal costs to the other party in the case of harm, liability, or loss.
- C. create a forum to resolve contract disputes related to fulfillment of the contract terms.
- D. hold the other party responsible for fulfilling the terms of the contract.

**Answer: A**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, an indemnification clause is a contractual provision in which one party agrees to compensate or reimburse another party for

specified losses, damages, liabilities, or claims arising out of defined circumstances. The purpose is to allocate risk between contracting parties and clarify financial responsibility if harm occurs.

Indemnification provisions often address responsibility for defense costs, settlements, judgments, and related expenses resulting from negligence, breach of contract, or other agreed-upon risks. The clause may include duty to defend language, limits on liability, or conditions triggering indemnification. Properly drafted indemnification language helps manage exposure and supports risk transfer strategies within contractual relationships.

Creating a forum for dispute resolution is addressed by arbitration or venue clauses, not indemnification.

Holding a party responsible for fulfilling contract terms relates to performance obligations, not indemnity.

Deferring all legal costs automatically is inaccurate, as indemnification depends on specific triggering conditions and negotiated language.

Legal and regulatory objectives emphasize careful contract review and risk allocation. Therefore, an indemnification clause clarifies commitments to compensate the other party for harm, liability, or loss.

### NEW QUESTION # 69

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

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

**Answer: D**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the CMS Hospital Conditions of Participation define a grievance as a formal or informal written or verbal complaint made by a patient or representative regarding care, abuse, neglect, compliance with regulations, or patient rights that is not resolved at the time of the complaint by staff present.

A verbal complaint that cannot be resolved immediately by current staff and whose resolution is postponed qualifies as a grievance under 42 CFR §482.12. Such grievances require formal investigation, documentation, and written response within established timeframes.

Billing issues generally fall outside the grievance definition unless they involve quality of care or patient rights concerns. Information from patient satisfaction surveys is not automatically classified as a grievance unless the patient specifically requests investigation or follow-up. Post-discharge verbal concerns may constitute grievances depending on context, but the key CMS criterion is whether the complaint could not be resolved at the time it was expressed.

Legal and regulatory objectives emphasize proper classification, timely response, documentation, and board oversight of grievance processes. Therefore, a verbal complaint that cannot be resolved immediately and is deferred meets CMS grievance criteria.

### NEW QUESTION # 70

A 78-year-old patient in the ICU is unable to speak or swallow. The physician states that she is terminally ill and believes she lacks decision-making capacity. As such, he has deferred to her properly executed advance directive that clearly outlines her wishes for no life-prolonging treatment. The patient's three sons know of the directive, but insist that a PEG tube be placed to assist with feeding. The physician is opposed to placing the tube. The nurse calls the risk manager for advice. Which of the following should the risk manager advise?

- **A. The patient has the right to autonomy, and the advance directive is proper; support the physician.**
- B. More facts are needed; request an ethics consultation.
- C. The family will outlive the patient, and they have the right to sue; support the family.
- D. More facts are needed; decision making capacity must be determined before moving forward.

**Answer: A**

Explanation:

Under Health Care Risk Management principles recognized by ASHRM and the American Hospital Association Certification Center, a properly executed advance directive carries legal authority when a patient lacks decision-making capacity. The physician has assessed that the patient is terminally ill and lacks capacity, triggering activation of the advance directive. If the directive clearly states refusal of life-prolonging treatment, including artificial nutrition and hydration, those wishes must be honored in accordance with state law and the Patient Self-Determination Act framework.

Patient autonomy is a foundational ethical and legal principle in health care. Once capacity is lost, previously expressed wishes through a valid advance directive govern care decisions. Family members do not have authority to override a valid directive unless legal defects or ambiguity exist. Their disagreement does not negate the patient's documented preferences. Although ethics consultation can be helpful in managing conflict, the directive here is described as properly executed and clear. Additional determination of capacity is unnecessary because the physician has already made that assessment. Risk management objectives emphasize compliance with advance directive statutes, respect for patient autonomy, and reduction of liability through adherence to documented patient wishes. Therefore, the appropriate advice is to support the physician in honoring the advance directive.

#### NEW QUESTION # 71

A 22-year-old man has been treated at a hospital for a psychiatric condition. His mother requests that a copy of the patient's medical record be released to her. The risk manager's advice to the medical records department should be to

- A. contact the hospital's legal counsel to authorize the release of the medical record.
- B. check with the psychiatrist for a recommendation to release the medical record.
- C. request evidence that the mother is the guardian of the patient and then release the medical record.
- D. verify that a specific release of information form has been signed by the patient and then release the medical record.

**Answer: D**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, a 22-year-old patient is a legal adult and retains full rights to privacy and control over disclosure of protected health information under HIPAA and applicable state confidentiality laws. Psychiatric records are subject to heightened confidentiality protections in many jurisdictions.

Absent a court order or legal guardianship determination, a parent does not have automatic access to an adult child's medical records. Therefore, before releasing any information, the organization must verify that the patient has executed a valid, specific authorization for release of information that complies with HIPAA requirements. The authorization must clearly identify the recipient, the information to be disclosed, and be properly signed and dated.

Consulting legal counsel or a treating psychiatrist does not substitute for proper authorization. Similarly, requesting guardianship documentation would only be appropriate if the mother asserts legal guardianship status; however, in the absence of such documentation, release cannot occur.

Legal and regulatory objectives emphasize strict adherence to privacy laws, protection of psychiatric records, and proper authorization procedures. Therefore, verification of a signed release of information from the patient is required before disclosure.

#### NEW QUESTION # 72

A hospital's blood transfusions are 99.7% error-free. Which function best estimates how many transfusions are likely before an error occurs?

- A. Linear regression
- B. Multinomial distribution
- C. Geometric distribution (time until first failure)
- D. Chi-square test

**Answer: C**

Explanation:

If each transfusion has an independent probability of error, the number of transfusions until the first error is modeled by the geometric distribution, which describes "trials until first failure." The expected number of transfusions before an error is approximately, so. Risk management objectives use this type of reliability thinking to convert percentages into operational intuition: "Even a 0.3% error rate becomes a predictable event in high-volume processes." That insight supports prioritizing controls (barcoding, two-person verification, bedside ID checks, standardized labeling, transfusion time-outs) because rare-event rates still produce real harm over time. Interpreting reliability this way also helps boards and leaders understand that "99.x%" can be unsafe in critical processes and that system redesign is often necessary to reach high reliability.

#### NEW QUESTION # 73

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