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CIPP/US

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The CIPP-US exam covers a wide range of topics related to the privacy laws and regulations in the United States, including the Federal Trade Commission Act, Health Insurance Portability and Accountability Act (HIPAA), Children's Online Privacy Protection Act (COPPA), and California Consumer Privacy Act (CCPA). It also covers the privacy principles and practices that organizations need to implement to ensure compliance with these laws. CIPP-US exam is designed to assess an individual's knowledge and understanding of these topics, including their ability to apply them in real-world scenarios.

The CIPP-US exam is ideal for individuals who work in privacy and data protection roles within organizations, including privacy officers, compliance officers, data protection officers, and information security professionals. CIPP-US Exam covers four main areas: privacy laws and regulations, privacy program governance, data lifecycle management, and privacy technology. Candidates who pass the exam demonstrate a deep understanding of privacy laws and regulations, as well as the ability to develop and implement privacy policies and procedures to protect personal information. Obtaining the CIPP-US certification is a valuable achievement for professionals who want to advance their career in privacy and data protection.

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IAPP Certified Information Privacy Professional/United States (CIPP/US) Sample Questions (Q92-Q97):

NEW QUESTION # 92

SCENARIO

Please use the following to answer the next QUESTION:

You are the chief privacy officer at HealthCo, a major hospital in a large U.S. city in state A. HealthCo is a HIPAA-covered entity that provides healthcare services to more than 100,000 patients. A third-party cloud computing service provider, CloudHealth, stores and manages the electronic protected health information (ePHI) of these individuals on behalf of HealthCo. CloudHealth

stores the data in state B. As part of HealthCo's business associate agreement (BAA) with CloudHealth, HealthCo requires CloudHealth to implement security measures, including industry standard encryption practices, to adequately protect the data. However, HealthCo did not perform due diligence on CloudHealth before entering the contract, and has not conducted audits of CloudHealth's security measures.

A CloudHealth employee has recently become the victim of a phishing attack. When the employee unintentionally clicked on a link from a suspicious email, the PHI of more than 10,000 HealthCo patients was compromised. It has since been published online. The HealthCo cybersecurity team quickly identifies the perpetrator as a known hacker who has launched similar attacks on other hospitals - ones that exposed the PHI of public figures including celebrities and politicians.

During the course of its investigation, HealthCo discovers that CloudHealth has not encrypted the PHI in accordance with the terms of its contract. In addition, CloudHealth has not provided privacy or security training to its employees. Law enforcement has requested that HealthCo provide its investigative report of the breach and a copy of the PHI of the individuals affected.

A patient affected by the breach then sues HealthCo, claiming that the company did not adequately protect the individual's ePHI, and that he has suffered substantial harm as a result of the exposed data. The patient's attorney has submitted a discovery request for the ePHI exposed in the breach.

Which of the following would be HealthCo's best response to the attorney's discovery request?

- A. Turn over all of the compromised patient records to the plaintiff's attorney
- B. Reject the request because the HIPAA privacy rule only permits disclosure for payment, treatment or healthcare operations
- C. Respond with a redacted document only relative to the plaintiff
- D. Respond with a request for satisfactory assurances such as a qualified protective order

Answer: D

Explanation:

The HIPAA privacy rule establishes national standards to protect individuals' medical records and other individually identifiable health information (collectively defined as "protected health information") and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically (collectively defined as "covered entities")¹. The rule requires appropriate safeguards to protect the privacy of protected health information and sets limits and conditions on the uses and disclosures that may be made of such information without an individual's authorization¹. The rule also gives individuals rights over their protected health information, including rights to examine and obtain a copy of their health records, to direct a covered entity to transmit to a third party an electronic copy of their protected health information in an electronic health record, and to request corrections¹. The HIPAA privacy rule permits a covered entity to disclose protected health information for the litigation in response to a court order, subpoena, discovery request, or other lawful process, provided the applicable requirements of 45 CFR 164.512 (e) for disclosures for judicial and administrative proceedings are met². These requirements include:

* In response to a court order or administrative tribunal order, the covered entity may disclose only the protected health information expressly authorized by such order²

* In response to a subpoena, discovery request, or other lawful process that is not accompanied by a court order or administrative tribunal order, the covered entity must receive satisfactory assurances that the party seeking the information has made reasonable efforts to ensure that the individual who is the subject of the information has been given notice of the request, or that the party seeking the information has made reasonable efforts to secure a qualified protective order²

* A qualified protective order is an order of a court or administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested and requires the return to the covered entity or destruction of the protected health information (including all copies made) at the end of the litigation or proceeding². Option A is incorrect because the HIPAA privacy rule does not only permit disclosure for payment, treatment or healthcare operations. The rule also allows disclosure for other purposes, such as public health, research, law enforcement, judicial and administrative proceedings, as long as the applicable conditions and limitations are met¹. Option B is correct because it is consistent with the HIPAA privacy rule's requirement for disclosures for judicial and administrative proceedings. By responding with a request for satisfactory assurances such as a qualified protective order, HealthCo is ensuring that the protected health information will be used only for the litigation and will be returned or destroyed afterwards². Option C is incorrect because it is not consistent with the HIPAA privacy rule's requirement for disclosures for judicial and administrative proceedings. By turning over all of the compromised patient records to the plaintiff's attorney, HealthCo is disclosing more information than necessary and may violate the privacy rights of other individuals who are not parties to the lawsuit². Option D is incorrect because it is not consistent with the HIPAA privacy rule's requirement for disclosures for judicial and administrative proceedings. By responding with a redacted document only relative to the plaintiff, HealthCo is not providing satisfactory assurances that the protected health information will be used only for the litigation and will be returned or destroyed afterwards². References: 1: Summary of the HIPAA Privacy Rule | HHS.gov 2: May a covered entity use or disclose protected health information for litigation? | HHS.gov

NEW QUESTION # 93

SCENARIO

Please use the following to answer the next question:

When there was a data breach involving customer personal and financial information at a large retail store, the company's directors were shocked. However, Roberta, a privacy analyst at the company and a victim of identity theft herself, was not. Prior to the breach, she had been working on a privacy program report for the executives. How the company shared and handled data across its organization was a major concern. There were neither adequate rules about access to customer information nor procedures for purging and destroying outdated data. In her research, Roberta had discovered that even low- level employees had access to all of the company's customer data, including financial records, and that the company still had in its possession obsolete customer data going back to the 1980s.

Her report recommended three main reforms. First, permit access on an as-needs-to-know basis.

This would mean restricting employees' access to customer information to data that was relevant to the work performed. Second, create a highly secure database for storing customers' financial information (e.g., credit card and bank account numbers) separate from less sensitive information.

Third, identify outdated customer information and then develop a process for securely disposing of it.

When the breach occurred, the company's executives called Roberta to a meeting where she presented the recommendations in her report. She explained that the company having a national customer base meant it would have to ensure that it complied with all relevant state breach notification laws. Thanks to Roberta's guidance, the company was able to notify customers quickly and within the specific timeframes set by state breach notification laws.

Soon after, the executives approved the changes to the privacy program that Roberta recommended in her report. The privacy program is far more effective now because of these changes and, also, because privacy and security are now considered the responsibility of every employee.

What could the company have done differently prior to the breach to reduce their risk?

- A. Looked for any persistent threats to security that could compromise the company's network.
- B. Honored the promise of its privacy policy to acquire information by using an opt-in method.
- **C. Implemented a comprehensive policy for accessing customer information.**
- D. Communicated requests for changes to users' preferences across the organization and with third parties.

Answer: C

Explanation:

The scenario suggests that the company lacked adequate rules about access to customer information, which increased the risk of unauthorized access and data breach. Implementing a comprehensive policy for accessing customer information would have helped the company to limit the access to only those who need it for legitimate purposes, and to protect the confidentiality, integrity, and availability of the data. This is also one of the recommendations that Roberta made in her report.

NEW QUESTION # 94

Which venture would be subject to the requirements of Section 5 of the Federal Trade Commission Act?

- A. A local nonprofit charity's fundraiser
- **B. An online merchant's free shipping offer**
- C. A city bus system's frequent rider program
- D. A national bank's no-fee checking promotion

Answer: B

Explanation:

Section 5 of the Federal Trade Commission Act (FTC Act) prohibits "unfair or deceptive acts or practices in or affecting commerce."¹ This prohibition applies to all persons engaged in commerce, including banks, but also exempts some entities, such as nonprofit organizations and common carriers, from FTC jurisdiction.² Therefore, among the four options, only an online merchant's free shipping offer would be subject to the requirements of Section 5, as it involves a commercial activity that could potentially mislead or harm consumers. For example, if the online merchant fails to disclose the terms and conditions of the offer, or charges hidden fees, or delivers the products late or damaged, it could violate Section 5 by engaging in a deceptive practice.³ References: 1: Section 5 | Federal Trade Commission 2: Federal Trade Commission Act Section 5: Unfair or Deceptive Acts or Practices, page 13: IAPP CIPP/US Certified Information Privacy Professional Study Guide, page 23.

NEW QUESTION # 95

SCENARIO

Please use the following to answer the next question:

A US-based startup company is selling a new gaming application. One day, the CEO of the company receives an urgent letter from a prominent EU-based retail partner. Triggered by an unresolved complaint lodged by an EU resident, the letter describes an ongoing investigation by a supervisory authority into the retailer's data handling practices.

The complainant accuses the retailer of improperly disclosing her personal data, without consent, to parties in the United States. Further, the complainant accuses the EU-based retailer of failing to respond to her withdrawal of consent and request for erasure of her personal data. Your organization, the US-based startup company, was never informed of this request for erasure by the EU-based retail partner. The supervisory authority investigating the complaint has threatened the suspension of data flows if the parties involved do not cooperate with the investigation. The letter closes with an urgent request: "Please act immediately by identifying all personal data received from our company." This is an important partnership. Company executives know that its biggest fans come from Western Europe; and this retailer is primarily responsible for the startup's rapid market penetration.

As the Company's data privacy leader, you are sensitive to the criticality of the relationship with the retailer.

Upon review, the data privacy leader discovers that the Company's documented data inventory is obsolete. What is the data privacy leader's next best source of information to aid the investigation?

- A. Lists of all customers, sorted by country
- B. Database schemas held by the retailer
- **C. Interviews with key marketing personnel**
- D. Reports on recent purchase histories

Answer: C

Explanation:

The data privacy leader needs to identify all the personal data that the Company has received from the retailer, as well as the purposes, retention periods, and sharing practices of such data.

Since the data inventory is obsolete, the data privacy leader cannot rely on it to provide accurate and complete information. Therefore, the next best source of information is to interview the key marketing personnel who are responsible for the partnership with the retailer and the use of the personal data. The marketing personnel can provide insights into the data flows, the data categories, the data processing activities, and the data protection measures that the Company has implemented. They can also help the data privacy leader to locate the relevant documents, contracts, and records that can support the investigation.

NEW QUESTION # 96

Which authority supervises and enforces laws regarding advertising to children via the Internet?

- A. The Federal Communications Commission
- B. The Department of Homeland Security
- C. The Office for Civil Rights
- **D. The Federal Trade Commission**

Answer: D

NEW QUESTION # 97

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