

HIPAA

Exam Questions HIO-201

Certified HIPAA Professional



NEW QUESTION 1

This security rule standard requires policies and procedures for authorizing access to electronic protected health information that are consistent with its required implementation specifications- which are Isolating Health Care Clearinghouse Function, Access Authorization, and Access Establishment and Modification:

- A. Access Control
- B. Security Incident Procedures
- C. Information Access Management
- D. Workforce Security
- E. Security Management Process

Answer: C

NEW QUESTION 2

Select the correct statement about the 820-Payment Order/Remittance advice transaction.

- A. It can be used for the payment of provider claims.
- B. It can be used to pay for insurance products (either individual or group premiums).
- C. It can function solely as a remittance advice.
- D. Electronic Funds Transfer is fully supported.
- E. This transaction can carry either summary or detailed remittance information.

Answer: A

NEW QUESTION 3

Which of the following is example of "Payment" as defined in the HIPAA regulations?

- A. Annual Audits
- B. Claims Management
- C. Salary disbursement to the workforce having direct treatment relationships.
- D. Life Insurance underwriting
- E. Cash given to the pharmacist for the purchase of an over-the-counter drug medicine

Answer: B

NEW QUESTION 4

This final security rule standard addresses encryption of data.

- A. Security Management Process
- B. Device and Media Controls
- C. Information Access Management
- D. Audit Controls
- E. Transmission Security

Answer: E

NEW QUESTION 5

In an emergency treatment situation, a health care provider:

- A. Must obtain the signature of the patient before disclosing PHI to another provider.
- B. Must contact a relative of the patient before disclosing PHI to another provider.
- C. May use their best judgment in order to provide appropriate treatment.
- D. May use PHI but may not disclose it to another provider.
- E. Must inform the patient about the Notice of Privacy Practices before delivering treatment.

Answer: C

NEW QUESTION 6

When using the Health Care Eligibility Request/Response (270/271), if a provider submits certain minimum information and the patient/subscriber is in their database, the payer must generate a response. Which of the following is one of the minimum information fields?

- A. Patient's country of birth
- B. Patient's pet name
- C. Patient's weight
- D. Patient's address
- E. Patient's date of birth

Answer: E

NEW QUESTION 7

HIPAA establishes a civil monetary penalty for violation of the Administrative Simplification provisions. The penalty may not be more than:

- A. \$1,000,000 per person per violation of a single standard for a calendar year.
- B. \$10 per person per violation of a single standard for a calendar year.
- C. \$25,000 per person per violation of a single standard for a calendar year.
- D. \$2,500 per person per violation of a single standard for a calendar year.

E. \$1000 per person per violation of a single standard for a calendar year.

Answer: C

NEW QUESTION 8

Select the FALSE statement regarding code sets and identifiers.

- A. The CPT-4 code set is maintained by the American Medical Association (AMA).
- B. A covered entity must use the applicable medical code set that is valid at the time the health care is delivered.
- C. The National Provider Identifier (NPI) will be assigned by the National Provider System (NPS).
- D. The Centers for Medicare and Medicaid Services is responsible for updating the HCPCScode set.
- E. The National Provider Identifier (NPI) will be assigned to health plans.

Answer: E

NEW QUESTION 9

Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic PHI is:

- A. Risk Analysis
- B. Risk Management
- C. Access Establishment and Modification
- D. Isolating Health care Clearinghouse Function
- E. Information System Activity Review

Answer: B

NEW QUESTION 10

To comply with the Privacy Rule, a valid Notice of Privacy Practices:

- A. Is required for all Chain of Trust Agreements.
- B. Must allow for the patient's written acknowledgement of receipt.
- C. Must always be signed by the patient.
- D. Must be signed in order for the patient's name to be sold to a mailing list organization
- E. Is not required if an authorization is being developed

Answer: B

NEW QUESTION 10

The version of the ANSI ASC X12N standard required by HIPAA regulations is:

- A. 3070
- B. 3050
- C. 3045
- D. 4010
- E. 4020

Answer: D

NEW QUESTION 12

Signed authorization forms must be retained:

- A. Indefinitely, because the life of a signed authorization isindefinite.
- B. Six (6) years from the time it expires.
- C. For as long as the patient's records are kept.
- D. Until it is specifically revoked by the individual.
- E. Ten (10) years from the date it was signed.

Answer: B

NEW QUESTION 13

This is a documented and routinely updated plan to create and maintain, for a specific period of time, retrievable copies of information:

- A. Disaster Recovery Plan
- B. Data Backup Plan
- C. Facility Access Controls
- D. Security Incident Procedures
- E. Emergency Mode Operations Plan

Answer: B

NEW QUESTION 17

Select the FALSE statement regarding the administrative requirements of the HIPAA privacy rule.

- A. A coveted entity must mitigate, to the extent practicable, any harmful effect that it becomes aware of from the use or disclosure of PHI in violation of its policies and procedures or HIPAA regulations.

- B. A covered must not in any way intimidate, retaliate, or discriminate against any individual or other entity, which files a compliant.
- C. A covered entity may not require individuals to waive their rights as a condition for treatment, payment, enrollment in a health plan, or eligibility for benefits
- D. A covered entity must retain the documents required by the regulations for a period of six years.
- E. A covered entity must change its policies and procedures to comply with HIPAA regulations no later than three years after the change in law.

Answer: E

NEW QUESTION 19

This transaction type is a "response" transaction that may include information such as accepted/rejected claim, approved claim(s) pre-payment, or approved claim(s) post-payment:

- A. 270.
- B. 820
- C. 837.
- D. 277.
- E. 278.

Answer: D

NEW QUESTION 22

Maintenance personnel that normally have no access to PHI are called in to investigate water that is leaking from the ceiling of the room where a large amount of PHI is stored. The room is normally secured but the file cabinets have no doors or locks. Situations this are addressed by which Workforce Security implementation specification?

- A. Risk Management
- B. Written Contract or Other Arrangement
- C. Accountability
- D. Authorization and/or Supervision
- E. Integrity Controls

Answer: D

NEW QUESTION 26

Assigning a name and/or number for identifying and tracking users is required by which security rule implementation specification?

- A. Access Authentication
- B. Integrity Controls
- C. Authorization and/or Supervision
- D. Data Authentication
- E. Unique User Identification

Answer: E

NEW QUESTION 27

In terms of Security, the best definition of "Access Control" is:

- A. A list of authorized entities, together with their access rights.
- B. Corroborating your identity.
- C. The prevention of an unauthorized use of a resource.
- D. Proving that nothing regarding your identity has been altered
- E. Being unable to deny you took part in a transaction.

Answer: C

NEW QUESTION 29

One implementation specification of the Security Management Process is:

- A. Risk Analysis
- B. Authorization and/or Supervision
- C. Termination Procedures
- D. Contingency Operations
- E. Encryption and Decryption

Answer: A

NEW QUESTION 33

The Data Backup Plan is part of which Security Standard?

- A. Contingency Plan
- B. Evaluation
- C. Security Management Procedures
- D. Facility Access Control
- E. Security Incident Procedures

Answer: A

NEW QUESTION 36

A grouping of functional groups, delimited by a header/trailer pair, is called a:

- A. Data element
- B. Data segment
- C. Transaction set
- D. Functional envelope
- E. Interchange envelope

Answer: E

NEW QUESTION 41

A provider is in compliance with the Privacy Rule. She has a signed Notice of Privacy Practices from her patient. To provide treatment, the doctor needs to consult with an independent provider who has no relationship with the patient. To comply with the Privacy Rule the doctor MUST:

- A. Establish a business partner relationship with the other provider.
- B. Obtain a signed authorization from the patient to cover the disclosure.
- C. Make a copy of the signed Notice available to the other provider.
- D. Obtain the patient's signature on the second provider's Notice of Privacy Practices.
- E. Do nothing more -the Notice of Privacy Practices covers treatment activities.

Answer: E

NEW QUESTION 43

Implementation features of the Security Management Process include which one of the following?

- A. Power Backup plan
- B. Data Backup Plan
- C. Security Testing
- D. Risk Analysis
- E. Authorization and/or Supervision

Answer: D

NEW QUESTION 47

Policies requiring workforce members to constantly run an updated anti-virus program on their workstation might satisfy which implementation specification?

- A. Risk Management
- B. Protection from Malicious Software
- C. Facility Security Plan
- D. Response and Reporting
- E. Emergency Access Procedure

Answer: B

NEW QUESTION 51

The best example of a party that would use the 835 - Health Care Claim Payment/Advice transaction is:

- A. HHS.
- B. A community health management information system.
- C. Health statistics collection agency.
- D. Government agency
- E. Insurance Company.

Answer: E

NEW QUESTION 52

One mandatory requirement for the Notice of Privacy Practices set by HIPAA regulations is:

- A. If the notice must state that the covered entity reserves the right to disclose PHI without obtaining the individual's authorization.
- B. The notice must prominently include an expiration date.
- C. The notice must describe every potential use of PHI
- D. The notice must describe an individual's rights under the rule such as to inspect, copy and amend PHI and to obtain an accounting of disclosures of PHI
- E. The notice must clearly identify that the covered entity is in compliance with HIPAA regulations as of April 16, 2003

Answer: D

NEW QUESTION 57

This code set is used to describe or identify radiological procedures and clinical laboratory tests:

- A. ICD-9-CM, Volumes 1 and 2.
- B. CPT-4.
- C. CDT.
- D. ICD-9-CM, Volume 3.
- E. HCPCS.

Answer:

E

NEW QUESTION 60

Which HIPAA Title is fueling initiatives within organizations to address health care priorities in the areas of transactions, privacy, and security?

- A. Title I.
- B. Title II
- C. Title III
- D. Title IV.
- E. Title V.

Answer: B

NEW QUESTION 65

Select the FALSE statement regarding health-related communications and marketing in the HIPAA regulations:

- A. A covered entity must obtain an authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form allowed by the regulations.
- B. A face-to-face communication made by a covered entity to an individual is allowed by the regulations without an authorization
- C. A promotional gift of nominal value provided by the covered entity is NOT allowed by the regulations without an authorization.
- D. If the marketing is expected to result in direct or indirect remuneration to the covered entity from a third party, the authorization must state that such remuneration is expected
- E. Disclosure of PHI for marketing purposes is limited to disclosure to business associates (which could be a telemarketer) that undertakes marketing activities on behalf of the covered entity

Answer: C

NEW QUESTION 70

A hospital is preparing a file of treatment information for the state of California. This file is to be sent to external medical researchers. The hospital has removed SSN, name, phone and other information that specifically identifies an individual. However, there may still be data in the file that potentially could identify the individual. Can the hospital claim "safe harbor" and release the file to the researchers?

- A. Yes - the hospital's actions satisfy the "safe harbor" method of de-identification.
- B. No - a person with appropriate knowledge and experience must determine that the information that remains can't identify an individual.
- C. No - authorization to release the information is still required by HIPAA
- D. No - to satisfy "safe harbor" the hospital must also have no knowledge of a way to use the remaining data to identify an individual.
- E. Yes - medical researchers are covered entities and "research" is considered a part of "treatment" by HIPAA.

Answer: D

NEW QUESTION 73

This transaction is the response to a Health Care Claim (837):

- A. Eligibility (270/271)
- B. Premium Payment (820)
- C. Claim Status Notification (277)
- D. Remittance Advice (835)
- E. Functional Acknowledgment (997)

Answer: C

NEW QUESTION 75

Which transaction covers information specific to accidents?

- A. Accident Report.
- B. First Report of Injury.
- C. Health Care Claim.
- D. Health Care Claim Payment/Advice.
- E. Premium Payment.

Answer: B

NEW QUESTION 80

The National Provider Identifier (NPI) will eventually replace the:

- A. NPF.
- B. NPS.
- C. CDT.
- D. ICD-9-CM, Volume 3.
- E. UPIN.

Answer: E

NEW QUESTION 83

Which one of the following security standards is part of Technical Safeguards?

- A. Access Control
- B. Security Management Process
- C. Facility Access Controls
- D. Workstation Use
- E. Device and Media Controls

Answer: A

NEW QUESTION 84

Title 1 of the HIPAA legislation in the United States is about:

- A. PKI requirements for hospitals and health care providers.
- B. Encryption algorithms that must be supported by hospitals and health care providers.
- C. Fraud and abuse in the health care system and ways to eliminate the same.
- D. Guaranteed health insurance coverage to workers and their families when they change employers.
- E. The use of strong authentication technology that must be supported by hospitals and health care providers.

Answer: D

NEW QUESTION 86

A business associate:

- A. Requires PKJ for the provider and the patient.
- B. Is electronically stored information about an individual's lifetime health status and healthcare.
- C. Is another name for an HMO.
- D. Identities all non-profit organizations.
- E. Is a person or an entity that on behalf of the covered entity performs or assists in the performance of a function or activity invoking the use or disclosure of health- relatedinformation.

Answer: E

NEW QUESTION 89

This requires records of the movement of hardware and electronic media that contain PHI.

- A. Business Associate Contract
- B. Data Backup Plan
- C. Media Re-use
- D. Disposal
- E. Accountability

Answer: E

NEW QUESTION 92

An Electronic Medical Record (EMR):

- A. Is another name for the Security Ruling.
- B. Requires the use of biometrics for access to records.
- C. Is electronically stored information about an individual's health status and health care.
- D. Identifies all hospitals and health care organizations.
- E. Requires a PKI for the provider and the patient.

Answer: C

NEW QUESTION 96

Select the correct statement regarding the administrative requirements of the HIPAA privacy rule.

- A. A covered entity must apply disciplinary sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the covered entity.
- B. A covered entity need not train all members of its workforce whose functions are materially affected by a change in policy or procedure.
- C. A covered entity must designate, and document, a contact person responsible for receiving acknowledgements of Notice of Privacy Practice.
- D. A covered entity may require individuals to waive their rights.
- E. A covered entity must provide maximum safeguards for PHI from any intentional or unintentional use or disclosure that is in violation of the regulations and to limit incidental uses and disclosures made pursuant to permitted or required use or disclosure.

Answer: A

NEW QUESTION 99

A covered entity that fails to implement the HIPAA Privacy Rule would risk:

- A. \$5,000 in fines.
- B. 55000 in fines and six months in prison.
- C. An annual cap of \$50,000 in fines.
- D. A fine of up to \$50,000 if they wrongfully disclose PHI.
- E. Six months in prison.

Answer: D

NEW QUESTION 101

Which of the following was not established under the Administrative Simplification title?

- A. National PKI Identifier.
- B. National Standard Health Care Provider Identifier.
- C. National Standard Employer Identifier.
- D. Standards for Electronic Transactions and Code Sets.
- E. Security Rule.

Answer: A

NEW QUESTION 102

Select the best statement regarding the definition of protected health information (PHI).

- A. PHI includes all individually identifiable health information (IIHI).
- B. PHI does not include physician's hand written notes about the patient's treatment.
- C. PHI does not include PHI stored on paper.
- D. PHI does not include PHI in transit.
- E. PHI includes de-identified health information

Answer: A

NEW QUESTION 103

Workstation Use falls under which Security Rule area?

- A. Person or Entity Authentication
- B. Technical Safeguards
- C. Administrative Safeguards
- D. Physical Safeguards
- E. Transmission Security

Answer: D

NEW QUESTION 106

The code set that must be used to describe or identify outpatient physician services and procedures is:

- A. ICD-9-CM, Volumes 1 and 2
- B. CPT-4
- C. CDT
- D. ICD-9-CM, Volume 3
- E. NDC

Answer: B

NEW QUESTION 110

When limiting protected health information (PHI) to the minimum necessary for a use or disclosure, a covered entity can use:

- A. Their professional judgment and standards.
- B. The policies set by the security rule for the protection of the information.
- C. Specific guidelines set by WEDI.
- D. Measures that are expedient and reduce costs.
- E. The information for research and marketing purposes only.

Answer: A

NEW QUESTION 111

Information in this transaction is generated by the payer's adjudication system:

- A. Eligibility (270/271)
- B. Premium Payment (820)
- C. Unsolicited Claim Status (277)
- D. Remittance Advice (835)
- E. Functional Acknowledgment (997)

Answer: D

NEW QUESTION 113

Select the FALSE statement regarding violations of the HIPAA Privacy rule.

- A. Covered entities that violate the standards or implementation specifications will be subjected to civil penalties of up to \$100 per violation except that the total amount imposed on any one person in each calendar year may not exceed \$25,000 for violations of one requirement
- B. Criminal penalties for non-compliance are fines up to \$65,000 and one year in prison for each requirement or prohibition violated
- C. Criminal penalties for willful violation are fines up to \$50,000 and one year in prison for each requirement or prohibition violated.
- D. Criminal penalties for violations committed under ??false pretenses?? are fines up to \$100,000 and five years in prison for each requirement or prohibition violated
- E. Criminal penalties for violations committed with the intent to sell, transfer, or use PHI for commercial advantage, personal gain or malicious harm are fines up to \$250,000 and ten years in prison for each requirement or prohibition violated

Answer: B

NEW QUESTION 115

The Security Rule requires that the covered entity identifies a security official who is responsible for the development and implementation of the policies and procedures. This is addressed under which security standard?:

- A. Security Incident Procedures
- B. Response and Reporting
- C. Assigned Security Responsibility
- D. Termination Procedures
- E. Facility Access Controls

Answer: C

NEW QUESTION 120

Which of the following is NOT a correct statement regarding HIPAA requirements?

- A. A covered entity must change its policies and procedures to comply with HIPAA regulations, standards, and implementation specifications.
- B. A covered entity must reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the regulations.
- C. A covered entity must provide a process for individuals to make complaints concerning privacy issues.
- D. A covered entity must document all complaints received regarding privacy issues.
- E. The Privacy Rule requires that the covered entity has a documented security policy.

Answer: E

NEW QUESTION 123

Which of the following is primarily concerned with implementing security measures that are sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level.

- A. Access Establishment and Modification
- B. Isolating Health care Clearinghouse Functions
- C. Information System Activity Review
- D. Risk Management
- E. Risk Analysis

Answer: D

NEW QUESTION 124

Individually identifiable health information (IIHI) includes information that is:

- A. Transmitted to a business associate for payment purposes only.
- B. Stored on a smart card only by the patient.
- C. Created or received by a credit company that provided a personal loan for surgical procedures.
- D. Created or received by a health care clearinghouse for claim processing.
- E. Requires the use of biometrics for access to records.

Answer: D

NEW QUESTION 127

Which of the following is a required implementation specification associated with the Contingency Plan Standard?

- A. Integrity Controls
- B. Access Control and Validation Procedures
- C. Emergency Mode Operation
- D. Plan Response and Reporting
- E. Risk Analysis

Answer: C

NEW QUESTION 131

Which of the following is not one of the HIPAA Titles?:

- A. Title IX: Employer sponsored group health plans.
- B. Title III: Tax-related Health Provisions.
- C. Title II: Administrative Simplification.
- D. Title I: Health Care Insurance Access, Portability, and Renewability.
- E. Title V: Revenue Offsets.

Answer: A

NEW QUESTION 135

This code set describes drugs:

- A. ICD-9-C
- B. Volumes 1 and 2.

- C. CPT-4.
- D. CDT.
- E. ICD-9-C
- F. Volume 3.
- G. NDC.

Answer: E

NEW QUESTION 138

This rule covers the policies and procedures that must be in place to ensure that the patients' health information is respected and their rights upheld:

- A. Security rule.
- B. Privacy rule.
- C. Covered entity rule.
- D. Electronic Transactions and Code Sets rule.
- E. Electronic Signature Rule.

Answer: B

NEW QUESTION 143

A State insurance commissioner is requesting specific, individually identifiable information from an insurer as a part of a routine review of the insurer's practices. What must the insurer do to deidentify the information?

- A. The protected health information must be removed from the informatio
- B. A substitute "key" may be supplied to allow re-identification, if needed.
- C. Limit the information to coverage, dates of treatment, and payment amounts to avoid collecting any protected data.
- D. Nothin
- E. An oversight agency has the right to access this information without prior authorization.
- F. Request that the insurance commissioner ask for an exception from HIPAA from the Department of Health and Human Services.
- G. A written authorization is required from the patient.

Answer: C

NEW QUESTION 148

The security standard that has the objective of implementing mechanisms to record and examine system activity is:

- A. Access Control
- B. Audit Controls
- C. Authorization Controls
- D. Data Authentication
- E. Person or Entity Authentication

Answer: B

NEW QUESTION 150

Select the FALSE statement regarding the X12N Implementation Guides.

- A. The Washington Publishing Company has the exclusive rights to publish the X12N Implementation Guides.
- B. HHS has adopted the Implementation Guides as standards for HIPAA transactions.
- C. The guides are intended to be instructive and need not be followed strictly.
- D. The guides may be downloaded free from WPC's Website.
- E. The guides explain the usage of the transaction set segments and data elements.

Answer: C

NEW QUESTION 154

This transaction supports multiple functions. These functions include: telling a bank to move money OR telling a bank to move money while sending remittance information:

- A. 277.
- B. 278.
- C. 271.
- D. 82.
- E. 270.

Answer: D

NEW QUESTION 156

This transaction, which is not a HIPAA standard, may be used as the first response when receiving a Health Care Claim (837):

- A. Eligibility (270/271).
- B. Premium Payment (820).
- C. Unsolicited Claim Status (277).
- D. Remittance Advice (835).
- E. Functional Acknowledgment (997).

Answer: E

NEW QUESTION 160

The Final Privacy Rule requires a covered entity to obtain an individual's prior written authorization to use his or her PHI for marketing purposes except for:

- A. Situations where the marketing is for a drug or treatment could improve the health of that individual.
- B. Situations where the patient has already signed the covered entity's Notice of Privacy Practices.
- C. A face-to-face encounter with the sales person of a company that provides drug samples
- D. A communication involving a promotional gift of nominal value.
- E. The situation where the patient has signed the Notice of Privacy Practices of the marketer.

Answer: D

NEW QUESTION 164

Select the FALSE statement regarding the responsibilities of providers with direct treatment relationships under HIPAA's privacy rule.

- A. Provide the individual with a Notice of Privacy Practices that describes the use of PHI.
- B. Obtain a written authorization for each and every TPO event.
- C. Obtain a written authorization for any disclosure or use of PHI other than for the purposes of TPO.
- D. Provide access to the PHI that it maintains to the individual and make reasonable efforts to correct possible errors when requested by the individual.
- E. Establish procedures to receive complaints relating to the handling of PHI.

Answer: B

NEW QUESTION 168

This transaction is typically used in two modes: update and full replacement:

- A. Premium Payment.
- B. Health Care Claim.
- C. First Report of Injury.
- D. Health Plan Enrollment and Dis-enrollment.
- E. Coordination of Benefits.

Answer: D

NEW QUESTION 171

A covered entity must adopt policies and procedures governing disclosures of PHI that identify

- A. The types of financial information to be disclosed.
- B. The specific individuals or entities to which disclosure would be made.
- C. The types of persons who would receive PHI.
- D. The conditions that would not apply to disclosure of PHI
- E. The criteria for reviewing requests for routine disclosure of PHI.

Answer: C

NEW QUESTION 173

The transaction number assigned to the Benefit Enrollment and Maintenance transaction is:

- A. 270
- B. 276
- C. 278
- D. 280
- E. 834

Answer: E

NEW QUESTION 176

The applicable methods for HIPAA-related EDI transactions are:

- A. Remote and enterprise.
- B. Claim status and remittance advice.
- C. Subscriber and payer
- D. Batch and real-time.
- E. HCFA-1500and837.

Answer: D

NEW QUESTION 181

The State of Nebraska's Medicaid Program has decided to implement an EDI solution to comply with the HIPAA transaction rule Select the transaction or code set that would not apply to them.

- A. 270
- B. 835
- C. 837 - Professional
- D. CPT-4
- E. UB-92

Answer: E

NEW QUESTION 186

Ensuring that physical access to electronic information systems and the facilities in which they are housed is limited, is addressed under which security rule standard?

- A. Security Management Process
- B. Transmission Security
- C. Person or Entity Authentication
- D. Facility Access Controls
- E. Information Access Management

Answer: D

NEW QUESTION 191

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