

HEALTH SCIENCE CENTER HANDBOOK OF OPERATING PROCEDURES

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| Chapter 11 | Patient Privacy Policies | Effective: | April 2003 |
| Section 11.2 | Uses and Disclosures of Protected Health Information | Revised: | February 2006 |
| Policy 11.2.9 | De-identification of Protected Health Information | Responsibility: | Assistant Vice President for Regulatory Affairs & Compliance |

DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION

Policy

The Health Science Center has a duty to protect the confidentiality and integrity of protected health information as required by law, professional ethics, and accreditation requirements. Whenever possible the Health Science Center shall use protected health information that is de-identified. Protected health information must be de-identified prior to disclosure to non-authorized users. This policy defines the guidelines and procedures that must be followed for the de-identification of protected health information.

Definitions

DE-IDENTIFIED PROTECTED HEALTH INFORMATION: De-identification requires the elimination not only of primary or obvious identifiers, such as the patient’s name, address, date of birth, and treating physician, but also of secondary identifiers through which a user could deduce the patient’s identity.

INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION: Health information that identifies an individual, or there is reasonable basis to believe that the information could be used to identify an individual.

INSTITUTIONAL REVIEW BOARD (IRB): Reviews all human subject research conducted by faculty, staff, and students, regardless of the location of the research activity, source of funding, and whether the research is exempt under the Code of Federal Regulations for Protection of Human Subjects (45 CFR 46).

AUTHORIZED USER: An individual that is granted access to protected health information for patients by an authorization, IRB waiver, or by performing an activity related to health care operations.

HEALTH CARE OPERATIONS: Activities related to the Health Science Center functions as a health care provider, including general administrative and business functions necessary for the Health Science Center to remain a viable health care provider.

PROTECTED HEALTH INFORMATION: Individually identifiable health information transmitted or maintained in any form or medium, including

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oral, written, and electronic. Individually identifiable health information relates to an individual's health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered protected health information where there is a reasonable basis to believe the information can be used to identify an individual.

Uses and Disclosure of De-identified Protected Health Information

The Health Science Center may use protected health information to create information that is not individually identifiable health information or disclose protected health information only to a business associate for such purpose, whether or not the de-identified information is to be used by the Health Science Center. The requirements do not apply to information that has been de-identified as described below, provided that:

- Disclosure of a code or other means of record identification designed to have information re-identified constitutes disclosure of protected health information; and,
- If de-identified protected health information is re-identified, use or disclosure of such re-identified information may only be permitted as required by the Health Science Center policies on use and disclosure of protected health information.

Whenever possible, de-identified protected health information should be used for quality assurance monitoring and routine utilization reporting.

Requirements for De-identification of Protected Health Information

The Health Science Center may determine that health information is not individually identifiable if:

1. A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable by:
 - a. Applying such principles and methods, determines that the risk is very small that the information could be used, alone or
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in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and,

- b. Documents the methods and results of the analysis that justify such determination; or,
2. The Health Science Center does not have any actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information; or,
3. The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:
- a. Names
 - b. Address information smaller than a state, including street address, city, county, zip code (except if by combining all zip codes with the same initial three digits, there are more than 20,000 people)
 - c. Names of relatives and employers
 - d. All element of dates (except year), including date of birth, admission date, discharge date, date of death; and all ages over 89 and all elements of dates including year indicative of such age except that such ages and elements may be aggregated into a single category of age 90 or older;
 - e. Telephone numbers
 - f. Fax numbers
 - g. E-mail addresses
 - h. Social Security Number (SSN)
 - i. Medical record number

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- j. Health beneficiary plan number
 - k. Account numbers
 - l. Certificate/License Number
 - m. Vehicle identifiers, including license plate numbers
 - n. Medical device ID and serial number
 - o. Uniform Resource Locator (URL)
 - p. Identifier Protocol (IP) addresses
 - q. Biometric identifiers (such as fingerprints, retinal scans, etc.)
 - r. Full face photographic images and other comparable images
 - s. Any other unique identifying number characteristic or code.

Protected health information used for research, including public health research, should be de-identified at the point of data collection for a research protocol approved by the IRB, unless the participant voluntarily and expressly consents to the use of his/her personally identifiable information or an IRB waiver of authorization is obtained.

The Health Science Center may maintain some patient information in limited data sets, which do not contain direct identifiers, such as name, address, social security number, but may contain date of birth and dates of treatment. See [Section 11.2.13](#) of the HOP, "Limited Data Sets" for details.

Re-identification of Protected Health Information

If an authorized user encrypts protected health information when creating de-identified information, the authorized user must ensure that:

- The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and,

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- No one involved in the de-identification process discloses the code or other means of record identification and does not disclose the mechanism to accomplish re-identification.

A person may not re-identify or attempt to re-identify an individual who is the subject of any protected health information without obtaining the individual's consent or authorization if required under state or federal law.
