PH-15 - De-Identifying Protected Health Information (PHI)

Key Points

• De-identified health information is not PHI and is not subject to HIPAA protections.
• UH employees, physicians and workforce members may create de-identified health information from PHI using only the methods listed in this policy.
• UH employees, physicians and workforce members are permitted to disclose PHI to a business associate to create de-identified health information after the business associate has signed a business associate agreement in a form acceptable to UH.
• Once PHI is de-identified in accordance with this policy, a patient’s authorization is not necessary to use or disclose the de-identified health information.

Policy & Procedure

1. Creation of De-Identified Health Information

   1.1. UH employees, physicians and workforce members may create de-identified health information from PHI using one of the methods listed below:

   1.1.1. A person with appropriate knowledge of, and experience with, generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:

       1.1.1.1. Applies such principles and methods to determine that the risk is very small that the information would be used, alone or in combination with other reasonably available information, by a recipient to identify the individual who is the subject of the information; and

       1.1.1.2. Documents the methods and results of the analysis that justify such determination.

   1.2.1. All of the following identifiers of the patient, and relatives, employers or household members of the patient, are removed and UH does not have knowledge that the information could be used alone or together with other information to identify an individual:

       1.2.1.1. Names;

       1.2.1.2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except that the first three digits of a zip code may be used if, according to the current publicly available data from the Bureau of the Census, the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people and the first...
three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;

1.2.1.3. All elements of dates (except year) for dates directly related to an individual, including birth date, 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;

1.2.1.4. Telephone numbers;
1.2.1.5. Fax numbers;
1.2.1.6. E-mail addresses;
1.2.1.7. Social security numbers;
1.2.1.8. Medical record numbers;
1.2.1.9. Health plan beneficiary numbers;
1.2.1.10. Account numbers;
1.2.1.11. Certificate/license numbers;
1.2.1.12. Vehicle identifiers and serial numbers, including license plate numbers;
1.2.1.13. Device identifiers and serial numbers;
1.2.1.14. Web Universal Resource Locators (URLs);
1.2.1.15. Internet Protocol (IP) address numbers;
1.2.1.16. Biometric identifiers, including finger and voice prints;
1.2.1.17. Full face photographic images and any comparable images;
1.2.1.18. Any other unique identifying number, characteristic or code; except for a code to allow UH to re-identify the information.

1.2 UH employees, physicians and workforce members are permitted to disclose PHI to a business associate to create de-identified health information only after the business associate has signed a business associate agreement in a form acceptable to UH. See UH Policy and Procedure PH-11, Business Associate Disclosures of PHI.

2. Use and Disclosure of De-Identified Health Information

2.1. De-identified health information is not PHI and is not subject to HIPAA protections.

2.2. Once PHI is de-identified, a patient’s authorization is not necessary to use or disclose the de-identified health information.

2.3. Prior to disclosing de-identified health information, UH may code the information to allow UH to re-identify the information only if:

2.3.1. The code or other method of identification is not created from or related to information about any patient;

2.3.2. The code or other method of identification cannot be translated to identify any patient; and
2.3.3. The code or other method of identification is not disclosed to the recipient of the de-identified health information or to any other person/entity.

2.4. UH employees, physicians and workforce members obtain approval from the UHCMC Research Privacy Board prior to creating, using or disclosing de-identified health information for research purposes. See UH Policy and Procedure R-3, Uses and Disclosures of PHI for Research.

See Also

45 CFR § 164.514(a) - (c) - Other requirements relating to uses and disclosures of protected health information.

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1 Protected Health Information (PHI) means information created or received by a UH entity relating to (a) the past, present or future physical or mental health or condition of a patient; or (b) payment for the provision of healthcare to a patient that is transmitted or maintained in any form or medium. PHI contains identifiers that can identify a patient or for which there is a reasonable basis to believe the information can be used to identify a patient, such as demographic or insurance information, medical record number, physician, admission date or photographic images.

2 De-identified health information means information that does not identify a patient and which UH does not reasonably believe can be used to identify a patient.

3 For purposes of complying with HIPAA and for no other purpose, including creating an agency or employment relationship or implying insurance coverage or entitlement for compensation or qualification for benefits, “workforce members” means a UH entity’s employees, volunteers, trainees, contractors and/or subcontractors whose conduct, in the performance of work for the UH entity, is under the direct control of the UHHS entity. Physicians and other licensed individuals with medical staff or other privileges are workforce members only if they are employed by a UH entity.

4 Use means sharing, employing, applying, utilizing, examining or analyzing PHI within UH.

5 Disclosure means the release, transfer, provision of, access to, or divulgence of PHI to a person or entity outside UH.

6 Research means systematic investigation, including research development, testing and evaluation, designed to develop or contribute to general knowledge.

Electronically approved by Tom Zenty – April 22, 2013
Electronically approved by Cheryl Wahl, Chief Compliance Officer – April 22, 2013