



Policies and Procedures

Policy Title: De-identification – Removal of Patient Identifiers			
Department Responsible: Compliance and Privacy	Policy Code: 2.5	Effective Date: April 10, 2017	Next Review/Revision Date: September 30, 2019
Title of Person Responsible: Chief Compliance Officer		Cone Health Approval Council: Leadership Alliance Policy & Procedure Committee	Date Adopted by THN Compliance & Integrity: April 10, 2017

PURPOSE:

This policy documents the process to de-identify health information such that the health information does not identify patients or there is no reasonable basis to believe that the information can be used to identify patients.

DEFINITIONS:

- **Triad HealthCare Network approved information provider:** is any individual, department or entity providing patient information to another individual, department or entity.
- **De-Identified Information:** Information that is not individually identifiable information is not protected health information (PHI), and is not protected by the federal privacy and security regulations.
- **Individually identifiable health information (IIHI):** Information that is a subset of health information, including demographic information collected from an individual, and is created or received by **Triad HealthCare Network**; and relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual (a) that identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- **Limited Data Set:** A collection or compilation of data, records, or information from which are excluded all direct identifiers of each individual whose PHI is included and of each of those individual’s relatives, household members, and employers. A limited data set may contain any other data, including age, any element of dates (birth dates, admission dates, discharge dates, dates of death), any geographic information broader than a postal address (municipalities, states, zip code), and any unique identifying number, characteristic or code.
- **Protected health information (PHI):** Information that is IIHI and is transmitted by electronic media, or transmitted or maintained in any other form or medium, except education and other records covered by the Family Educational Right and Privacy Act and employment records held by a covered entity (**Triad HealthCare Network**) in its role as an employer.
- **Safe Harbor Method:** Removes all of a list of enumerated identifiers (described in the [Process for De-Identifying Patient Information](#), below) so that the information cannot be used alone or in combination to identify a subject of the information.



POLICY:

Patient information includes any piece of information identifying an individual, whether used alone or in combination with other information. Any information that does not contain patient identifiers or a means to re-associate identifiers is not subject to the HIPAA Privacy Rule because it is de-identified; thus, it can be used and/or disclosed without patient authorization. A **Triad HealthCare Network** approved information provider is any individual, department or entity providing patient information to another individual, department or entity.

PROCEDURE:

Triad HealthCare Network Approved Method of De-identification

1. The only approved method for de-identifying information at **Triad HealthCare Network** is the safe-harbor method, unless the Chief Compliance and Privacy Officer (or designee) approves an exception.
2. If the information is de-identified and no means of re-identification is supplied to the recipient of the information, it is not subject to the HIPAA Privacy Rule.
3. If the information is re-identified, the information once again becomes protected health information (PHI) and is subject to HIPAA's privacy regulations.
4. Each **Triad HealthCare Network** provider of information, regardless of form, will be responsible for determining whether the information requested contains patient identifiers and is therefore subject to HIPAA's privacy regulations. A log of requests and decisions about providing PHI should be maintained by all formal and informal data providers, such as those areas that produce reports for decision support or receive report/data/information and pass it on to others.

Process for De-Identifying Patient Information

1. Information is considered de-identified when **Triad HealthCare Network** has no reasonable basis to believe that the information can be used to identify an individual patient. To de-identify information, the following 18 data elements of the individual or of relatives, employers, or household members of the individual must be removed:
 - a. Names;
 - b. All geographic subdivisions smaller than a state;
 - c. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death, encounter dates, surgery date, and all ages over 89 and all elements of dates including year indicative of such age;
 - d. Telephone numbers;
 - e. Fax numbers;
 - f. Electronic mail (e-mail) addresses;
 - g. Social Security numbers;
 - h. Medical record numbers;
 - i. Health plan beneficiary numbers;
 - j. Account numbers;
 - k. Certificate/license numbers;
 - l. Vehicle identifiers and serial numbers, including license plate numbers;
 - m. Device identifiers and serial numbers;
 - n. Web Universal Resource Locators (URL's);



- o. Internet Protocol (IP) address numbers;
 - p. Biometric identifiers, including finger and voice prints;
 - q. Full face photographic images and any comparable images; and
 - r. Any other unique identifying number, characteristic, or code that may identify an individual.
2. The **Triad HealthCare Network** user needs to take into consideration that free text fields may contain identifiable elements. If identifiable elements within an unstructured free text field cannot be filtered, the free text must be removed in order to complete de-identification.

Special Circumstances – De-identification

1. A limited data set may be used for research, public health, and health care operation activities provided the data does not include direct identifiable information (i.e., name, street address, etc.).
2. A Data Use Agreement, which is defined as a documented agreement between **Triad HealthCare Network** and the recipient of a limited data set, is required for use of the limited data set. Data Use Agreements must:
 - a. Establish the permitted uses and disclosures of the limited data set. The agreement may not authorize the limited data set recipient to use or further disclose the information in a manner that would violate the requirements set forth in this policy.
 - b. Establish who is permitted to use or receive the limited data set.
 - c. Provide that the limited data set recipient will:
 - i. Not use or further disclose the information other than as permitted by the Agreement or as otherwise required by law;
 - ii. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the agreement;
 - iii. Report to **Triad HealthCare Network** any use or disclosure in violation of the agreement of which the recipient becomes aware;
 - iv. Ensure that any agents, including a subcontractor, to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient; and
 - v. Not identify the information or contact the individuals.
3. The following data elements may be used in a limited data set:
 - a. Age (individuals 90+ years old must be aggregated to prevent potential identification)
 - b. Race
 - c. Ethnicity
 - d. Marital status
 - e. Random or fictional codes that can be used to link cases or re-identify the health information at a later time. A code may not be a derivative of the individual's Social Security number or other identifiable numerical code (i.e., birth date, fax number, etc.).
4. Questions concerning de-identification of patient information should be forwarded to the **Triad HealthCare Network Compliance and Integrity Department**.

Process for Re-identification

1. The **Triad HealthCare Network** information provider may assign a code to allow de-identified information to be re-identified. The code or mechanism used to re-identify information may not



be derived from information related to the individual or otherwise information that could be translated to identify the individual.

2. The **Triad HealthCare Network** information provider is prohibited from disclosing the mechanism/codes for re-identification (i.e., tables, codes, or algorithms). If the **Triad HealthCare Network** user discloses a key or mechanism for re-identification of the health information, the information is no longer considered de-identified and the exemption to the HIPAA Privacy Rule no longer applies (i.e., patient consent and/or authorization is required prior to use).

REFERENCE DOCUMENTS:

HIPAA Privacy Regulations, 45 C.F.R. § 164.514(a)

PREVIOUS REVISION/REVIEW DATES:

<i>Date Adopted</i>	<i>Reviewed</i>	<i>Revised</i>	<i>Notes</i>
January 24, 2017			Cone Health's original effective date.
April 10, 2017	N/A	N/A	Adopted by THN C&I Committee