

University Physicians Inc.



DE-IDENTIFICATION OF INFORMATION POLICY

Latest Revision:

Original Effective Date: April 4, 2003

Purpose

This policy defines the requirements for de-identification of Protected Health Information (PHI) and the situations when a covered entity may determine that health information is not Individually Identifiable Health Information (IIHI).

Policy

Protected Health Information (PHI) can be considered de-identified if the information does not identify an individual and there is no reasonable basis to believe the information can be used to identify an individual.

UPI will assure that PHI will either be de-identified to protect the identity of an individual, or the applicable HIPAA requirements will be followed when disclosing PHI.

The de-identification of PHI process and disclosure of such information requires authorization from the Privacy Officer or appropriate Management.

Procedure

Requirements for De-identification of PHI

UPI may determine that health information is not IIHI and that the requirements for de-identification of PHI have been followed if:

A person with appropriate knowledge of and experience with statistical and scientific principles and methods de-identifies the PHI by:

1. Applying principals and methods, such a person determines that the risk is very small that the information could be used, alone or in combination with other available information, by an anticipated recipient, to identify an individual who is a subject of the information; and
2. Documenting the methods and results of the analysis that justify such determination, **or**
3. Health information is de-identified, and its use or disclosure is not required to follow the HIPAA rules if the following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:
 - (a) Names;
 - (b) Geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geo-codes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census.
 - (i) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
 - (ii) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to "000".
 - (c) All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; all ages over 89 and all elements of dates (including year) indicative of such age, may be aggregated into a single category of age 90 or older;
 - (d) Telephone numbers;
 - (e) Fax numbers;
 - (f) Electronic 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 (URLs);
 - (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; except as permitted by paragraph C (below) of this section; **and**
4. UPI does not have 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.

Re-identification

Codes or other means of identification may be assigned to the data record to allow information de-identified under this section to be re-identified by UPI, provided that:

1. Derivation. The code or other means of record identification is not derived from or related to information about the individual and cannot be translated so as to identify the individual; and
2. Security. UPI does not use or disclose the code or means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

Definitions See glossary for key terms and acronyms used in this policy.
(On file with Privacy Officer)

Enforcement Enforcement of this policy will reside with the Privacy Officer or appropriate Management.

Rationale/ Source This policy complies with requirements of the following:
Health Insurance Portability and Accountability Act (HIPAA), Privacy Rule

Cross References For additional information, refer to the following:

| Document Name |
|------------------------|
| Limited Dataset Policy |

Review or Revision Date This policy is reviewed and approved annually, and as revised.

| MM/DD/YYYY | MM/DD/YYYY | MM/DD/YYYY | MM/DD/YYYY |
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Governance Responsibility for adoption and/or implementation of this policy is as follows:

| Approving Body | | Executive Approval | |
|---------------------------|-----------------|---------------------------------|-----------------|
| Privacy Officer: | 04/04/03 | Chief Operating Officer: | 04/04/03 |
| Signature on file. | Date | Signature on file. | Date |