


Emma Eccles Jones College of Education & Human Services

POLICY INFORMATION

Document # 102	Title: De-Identification of PHI	Print Date: 9/20/2016
Revision # 1.0	Prepared by: J. Black	Date Prepared: 1/15/2016
Safeguard: HIPAA Privacy	Approved by: Dean Beth E. Foley  <small>7AB6B86710B5491...</small>	Date Approved: 10/6/2016

I. POLICY STATEMENT

CEHS Health Care Components (HCC) may use and disclose de-identified health information as long as the code or other means of identification designed to permit re-identification is not disclosed. The HCC may use PHI to create de-identified health information. The HCC may also disclose PHI to a business associate that will de-identify PHI on behalf of the HCC. If de-identified health information is re-identified, its use and disclosure is subject to the regulations under HIPAA.

II. DEFINITIONS

See HIPAA Privacy Policy 100

III. AUTHORITY AND RESPONSIBILITIES

CEHS has component units that are listed as a hybrid entity in accordance with USU's HIPAA Hybrid Covered Entity Declaration. Only the health care component (i.e., covered functions) of CEHS must comply with this policy. All references in this policy to "CEHS" shall be construed to refer only to the health care component of CEHS.

IV. PROCEDURES TO IMPLEMENT

Uses and Disclosures of De-Identified Health Information

When possible or practical, the HCC will use and disclose de-identified information when conducting health care operations. The HCC is not required to de-identify PHI for health care operations.

The HCC may use de-identified information for a number of purposes, including, but not limited to:

1. Research - A systematic investigation, including research development testing and evaluation designed to develop or contribute to generalizable knowledge.
2. Service Development – A HCC may use de-identified information in determining where to provide health care services in the community.
3. Training – A HCC may use de-identified information in the training of workforce members and students. If practical, patient identifiers should be removed from materials used to train HCC workforce members, students and other employees.

Emma Eccles Jones College of Education & Human ServicesDe-Identifying PHI

PHI can be de-identified by using one of the two methods listed below:

1. Removing all of the following identifiers of the patient or of the relatives, employers, or household members of the patient (and, in addition, the HCC must not have actual knowledge that the remaining information could be used alone or in combination with other information to identify the individual):
 - a) Names
 - b) Geographic subdivision, such as street address, city, county, and zip code
 - c) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and, if it has fewer than 20,000 people, the zip code is changed to 000.
 - d) All elements of dates (except year) for dates directly related to the patient, 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:
 - e) Telephone numbers
 - f) Fax numbers
 - g) E-mail addresses
 - h) Social Security Numbers
 - i) Medical record numbers
 - j) Health plan beneficiary numbers
 - k) Account numbers
 - l) Certificate/license numbers
 - m) Vehicle identifiers, serial numbers, license plate numbers
 - n) Device identifiers and serial numbers
 - o) Web Universal Resource Locators (URLs)
 - p) Internet Protocol (IP) address numbers
 - q) Biometric identifiers, including fingerprints and voiceprints
 - r) Full face photographic images and other comparable images
 - s) All other unique identifying numbers, characteristics, or codes

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

The person making this determination must be an independent third party and must provide written documentation of the methods and results of the analysis that justify a determination that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is subject of the information. The documentation should be filed with the original copies of the information in a secure location. If the information is

Emma Eccles Jones College of Education & Human Services

in electronic form or consists of biological materials, that documentation should be filed in the HCC files in a secure location.

It is the responsibility of the HCC to determine which method of de-identification shall be used, and to assure that all identifiers are removed in accordance with **Attachment A - De-Identification Checklist**. Unless de-identifying material permanently for archival purposes, an un-redacted version of the information should be maintained at all times. Information on paper should therefore be copied BEFORE it is redacted, and ONLY THE COPIES should be redacted. Likewise, the original retained version of electronic information and information in other media should not be redacted in any permanent way.

Re-Identification

The HCC may assign a code or other means of record identification to allow de-identified health information to be re-identified, provided that:

1. 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
2. The code and/or mechanism for re-identification is not used or disclosed for any other purpose.

If de-identified health information is re-identified, such re-identified information is PHI and may be used or disclosed only as permitted or required by HIPAA, CEHS and USU policies.

Processing Requests for De-Identified Information

1. Requests for de-identified information must be in writing and submitted to the HCC Privacy Officer
2. Written requests must include the following information:
 - a) Requestor information (name, address, telephone numbers, title, organization or department)
 - b) Date of request
 - c) Purpose of request
 - d) Names of all anticipated recipients of the de-identified information
 - e) Date the recipients requires the de-identified information
 - f) Record parameters or selection criteria (time period included, minimum number of patient records, type of patient records)
 - g) Planned publications from the use of the de-identified information
 - h) A statement assuring the recipient will not give, sell, loan, show or disseminate the de-identified information to any other parties without the express written consent of the HCC

Emma Eccles Jones College of Education & Human Services

- i) A statement assuring the recipient will not link de-identified data to any other data the recipient may have access to, where the linked data identifies individual patients.
- j) A statement assuring the recipient will not contact any patient, or their relatives, employers, or other household members that may accidentally be identified by the recipient.

Attachment B - Request for De-Identified Information Form may be used by HCC. The request for de-identified information must be reviewed, approved or denied by the HCC Privacy Officer. The request for de-Identified PHI may be denied if:

- 1. The HCC cannot de-identify the PHI
- 2. The requestor refuses to agree to the required statements on the request form
- 3. The recipient refuses to compensate the HCC for generating the de-identified information (if fee is applicable)
- 4. It is an imposition to the operations of the HCC.

Fee Schedule

The requestor of de-identified information may be asked to compensate the HCC for resource expenditures related to the request.

The HCC may establish a fee schedule to compensate for the use of facilities, personnel time, supplies, software, hardware or other equipment for:

- 1. Reviewing requests for de-identified Information
- 2. Generating the de-identified information
- 3. Re-identifying de-identified information; and
- 4. Other specified activities related to the request for de-identified information.

V. ATTACHMENTS

Attachment A - De-Identification Checklist

Attachment B - Request for De-Identified Information Form

VI. REFERENCES

45 CFR §164.502(d)

45 CFR §164.514(a)

Emma Eccles Jones College of Education & Human Services

Attachment A: De-Identification Checklist

<input type="checkbox"/>	Names	<input type="checkbox"/>	Web Universal Resource Locators (URLs)
<input type="checkbox"/>	Fax numbers	<input type="checkbox"/>	Telephone numbers
<input type="checkbox"/>	Biometric identifiers, including finger and voice prints	<input type="checkbox"/>	Vehicle identifiers and serial numbers, including license plate numbers
<input type="checkbox"/>	Social security numbers	<input type="checkbox"/>	Email addresses
<input type="checkbox"/>	Medical record numbers	<input type="checkbox"/>	Health plan beneficiary numbers
<input type="checkbox"/>	Account numbers	<input type="checkbox"/>	Certificate/license numbers
<input type="checkbox"/>	Internet Protocol (IP) address numbers	<input type="checkbox"/>	Device identifiers and serial numbers
<input type="checkbox"/>	Full face photographic images and any comparable images	<input type="checkbox"/>	Biometric Identifiers, including finger and voice prints
<input type="checkbox"/>	All geographic subdivisions smaller than a State, including: <ul style="list-style-type: none"> o Street address o City o County o Precinct o Zip codes and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly-available data from the Bureau of the Census: (1) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and (2) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000 	<input type="checkbox"/>	All elements of dates (except year) for dates directly related to an individual including: <ul style="list-style-type: none"> o Birth date o Admission date o Discharge date o Date of death o 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 Any other unique identifying numbers, characteristics, or codes, except a code or other means of record identification assigned solely to allow de-identified information to be re-identified (as long as 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 the code and/or mechanism for re-identification is not used or disclosed for any other purpose.)

I certify that the information I will use/and/or disclose contains none of the above identifiers and that I have no actual knowledge that the information could, alone or in combination, be used to identify any individuals subject of the information.

Print Name

Signature

Date

Emma Eccles Jones College of Education & Human Services

**Attachment B
Request for De-Identified Information**

USU's Emma Eccles Jones College of Education & Human Services ("CEHS") requires a written request for de-identified information that provides a detailed explanation of why the information is required and how it will be used by the requestor.
It is within the discretion of the HCC to approve or deny a request for de-identified information. Please complete the following to assist us in the review process. Submit this completed form to the HCC Privacy officer or his/her designee.

Requestor Name: _____ Title: _____

Department/Organization: _____

Address: _____
Street City State Zip Code

Business Phone: (____) _____ Email: _____

Date information is needed: _____

Purpose of the Request:

Will the de-identified information be used or accessed by someone other than the requestor?

YES NO

If YES, list by name (or title) the individuals who will use or have access to this information:

Name/Title	Organization	Phone Number (extension)

Describe the parameters or selection criteria needed to process this request for de-identified information (e.g., diagnosis, procedure, drug use).

Time Period	Minimum number of records	Selection Criteria	Type of patient record

Emma Eccles Jones College of Education & Human Services

Request for De-Identified Information

Describe or attach the requested format (and record layout parameters) of the information (i.e., hard copy, electronic, etc.)

Three empty rectangular boxes for describing the requested format.

List any planned publications that will result from use of the information provided:

Three empty rectangular boxes for listing planned publications.

Will you ever need to determine the identity of any of the individuals included in the de-identified data set? [] YES [] NO If Yes, please explain how often and why – be specific:

A large empty rectangular box for explaining the need to determine identity.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND AGREE TO ABIDE BY THE FOLLOWING REQUIREMENTS FOR USE AND DISCLOSURE OF THE DE-IDENTIFIED HEALTH INFORMATION YOU ARE REQUESTING.

- 1. The recipient(s) will not give, sell, loan, show or disseminate the de-identified information to any parties other than those listed in item B above, without the express written permission of the HCC.
2. The recipient(s) will not link the de-identified data to any other data that the recipient may have access to, where the linked data identifies the individual patients. For example, linking de-identified data with publicly available census data and the linkage reveals the identity of individual patients.
3.If the recipient accidentally identifies an individual, the recipient will not retain such identification and will not contact any patient, or their relatives, employers, or other household members.

Requestor Signature: _____ Date of Request: _____

Printed Name: _____

=====

HCC USE ONLY: [] APPROVED [] DENIED

Emma Eccles Jones College of Education & Human Services

If denied, reason: _____

If approved:

The requestor of the de-identified data agrees to pay the established fees (if applicable): YES NO

Appropriate fees have been collected: YES Amount Paid_\$ _____

De-identification Method to be Used: Statistical Model Removal of Direct Identifiers

Department/Organization to Perform the De-identification: _____

Date PHI was De-identified and Delivered to Requestor:

Request Approved by:

Signature: _____ Date: _____

Printed Name/Title:

Department: _____
