

POLICY

De-Identification of Protected Health Information (PHI)

Category: Organizational

Sub-Category: Rights & Responsibilities

Type: POLICY Status: Active

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PURPOSE: To provide a specific policy and procedure for the de-identification of PHI, and uses and disclosures of de-identified health information, in accordance with HIPAA.

SCOPE: All Workforce

POLICY:

A. Guiding Principles of De-identification:

1. Yakima Valley Memorial 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.

Other: OCR

- 2. Yakima Valley Memorial may disclose PHI to a business associate that will de-identify PHI on behalf of Yakima Valley Memorial.
- 3. If de-identified health information is re-identified, its use and disclosure is subject to regulation under HIPAA.

B. De-identification of PHI:

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

- Method 1
 - All of the following identifiers of the patient or identifiers of patient's relatives, employers, or household members are removed:
 - Names
 - Geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code, if according to the current publicly available data from the Bureau of Census:
 - The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people: and
 - the initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000;
 - All elements of dates (except year) for dates that are 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, except that such ages and
 - elements may be aggregated into a single category of "Age 90 or older";
 - Telephone numbers;
 - Fax numbers;
 - E-mail addresses;
 - Social Security Numbers;
 - Medical Record Numbers:



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- Health plan beneficiary numbers;
- Account numbers:
- Certificate/license numbers;
- Vehicle identifiers, serial numbers, license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including fingerprints and voiceprints;
- Full face photographic images and other comparable images;
- Any other unique identifying number, characteristic, or code, except as allowed for re- identification (see below).

Also, Yakima Valley Memorial must not have actual knowledge that the remaining information could be used alone or in combination with other information to identify the individual who is the subject of the information.

• Method 2

- O 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 the subject of the information. The documentation should be filed with the original copies of the information in a secure location.

C. Re-identification:

Yakima Valley Memorial may assign a code or other means of record identification to allow deidentified health information to be re-identified, provided 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
- 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 and disclosed only as permitted by HIPAA and Yakima Valley Memorial policies.

D. Original Information:

Information on paper should be copied before it is redacted, and only the copies should be redacted. Likewise, the original retained version of electronic information in other media should not be redacted in a permanent way.

E. Uses and Disclosures to Create De-Identified PHI:

Yakima Valley Memorial may use PHI to create information that is not individually identifiable health information or disclose PHI only to a business associate for such purpose, whether or not the de-identified information is to be used by Yakima Valley Memorial.

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DEFINITIONS:

Business Associate: An outside entity or person who or which: 1) on behalf of a VMM entity creates, receives, maintains or transmits PHI for a function or activity regulated by HIPAA including but not limited to claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; patient safety activities; billing; benefit management; practice management; and re-pricing; or 2) provides services such as but not limited to legal, actuarial, accounting, consulting, data aggregation, software debugging; management, administrative, accreditation or financial services, where the provision of services involves the disclosure of PHI to the person or entity.

Protected Health Information: (PHI) means any individually identifiable information, which is health information, that identifies an individual as a recipient of physical or mental health services; or 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 services to an individual. The definition applies to information transmitted or maintained in any form or medium, including electronic, paper, and oral. The privacy protections of HIPAA apply to PHI. PHI does not include educational records covered by FERPA, and employment records.

Shall/Will: indicates that staff must comply with the action(s) described or defined.

Should/May: indicates that staff may use his/her own judgment regarding compliance with the actions described or defined.

<u>Yakima Valley Memorial Hospital</u> Workforce: All individuals working on behalf of <u>Yakima Valley Memorial Hospital</u>, including staff and non-staff.

REFERENCES: (Note: Regulatory references should only be listed above)

KEYWORD Indexes: De-identified, De-identification, PHI, HIPAA

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