

ADMINISTRATIVE POLICY AND PROCEDURE

Subject: DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION/
LIMITED DATA SETS

Policy No.: A152

Supersedes: March 1, 2011

Review Date: March 21, 2023

Origin Date: March 1, 2011

Revision Date: March 21, 2023

PURPOSE:

To protect the privacy of patient personal health information (PHI) by removing information that is individually identifiable when it is not necessary for the purpose for which the information is being used or disclosed.

To establish requirements for de-identification and re-identification of Protected Health Information (PHI) and the creation and use of limited data sets.

POLICY:

Rancho Los Amigos National Rehabilitation Center (Rancho) to set forth requirements for the de-identification and re-identification of PHI. PHI is de-identified when the identifiers listed below (Procedure: Section I-A-B) have been removed. There is no basis to believe the information can be used to re-identify the individual. De-identified information is not PHI.

Unless otherwise restricted or prohibited by other federal or state law, Rancho can use and share information as appropriate for the work of Rancho, without further restrictions, if Rancho or another entity has taken steps to de-identify the information consistent with the requirements and conditions of this policy.

Rancho may use or disclose a limited data set that meets the requirements of this policy if Rancho enters into a data use agreement with a limited data set recipient (or with the data source if Rancho will be the recipient of the limited data set) in accordance with the requirements and conditions of this Policy.

PROCEDURE:

I. Requirements for de-identification of PHI

- A. PHI may be de-identified by removing eighteen (18) specific identifiers of the individual or of the relatives, employers, or household members of the individual, provided the entity does not have knowledge that the information could be used alone or in combination with other information to identify the individual, who is the subject of the data. The eighteen (18) specific identifiers are:
 1. Names
 2. All geographic subdivisions smaller than a state including:
 - a. Street Address
 - b. City
 - c. County
 - d. Precinct
 - e. Zip code and equivalent geocode except if the initial three digits of a zip code:

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- i. Represents a geographic unit in which combining all zip codes with the same initials 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 are changed to "000".
 3. All elements of dates (except year) directly related to an individual including:
 - a. Birth date
 - b. Admission date
 - c. Discharge date
 - d. Date of death, and
 - e. All ages over 89 (including data elements indicative of such period (including year), except when all ages of 90 or older can be aggregated into a single category.
 4. Telephone numbers
 5. Fax numbers
 6. E-mail addresses
 7. Social Security numbers
 8. Medical record numbers
 9. Health plan beneficiary numbers
 10. Account numbers
 11. Certificate/license numbers
 12. Vehicle identifiers and serial numbers
 13. Device identifiers and serial numbers
 14. Web Universal Resource Locators (URLs)
 15. Internal Protocol (IP) address numbers
 16. Biometric identifiers, including finger/voice prints
 17. Full-face photographic images and any comparable images
 18. Any other unique identifying number, characteristic, or code, except for a code or other means of re-identification as described in Section II below, and
- B. Rancho does not know that the information could be used alone or in combination with other information to identify any individual who is the subject of the data.
 - C. Rancho may also demonstrate that health information is not individually identifiable if a person with appropriate knowledge and experience applies generally accepted statistical and scientific methods for rendering information that is not individually recognizable:
 1. Applies such principles/practices, determines that the risk is minimal that the information could be used alone or in combination with other available information to identify an individual, and
 2. Documents the methods/results that justify the determination.

II. Re-identification Requirements

- A. DHS may assign a code or other means of record identification to allow de-identified information to be re-identified once the following conditions are met:

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1. The code or other means of record identification is not derived from or related to information about the individual,
2. DHS does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism used for re-identification, and
3. DHS determines where these codes for re-identification are located and kept secure.

B. Disclosure of the code or other means of record identification is considered a disclosure of PHI.

III. Requirements for a limited data set:

A. A limited data set is PHI that excludes the following direct identifiers of the individual or relatives, employers, or household members of the individual:

1. Name
2. Postal address information, other than town or city, State or zip code
3. Telephone numbers
4. Fax numbers
5. Electronic mail addresses
6. Social Security numbers
7. Medical record numbers
8. Health plan beneficiary numbers (such as Medi-Cal Numbers)
9. Account numbers
10. Certificate/license numbers
11. Vehicle identifiers and serial numbers, including license plate numbers
12. Web Universal Resource Locators (URLs)
13. Internet Protocol (IP) address numbers
14. Biometric identifiers, including finger and voice prints
15. Full-face photographic images and any comparable images.

B. A limited data set may retain the following identifies of the individual, or the relatives, employers, or household members of the individual:

1. Town or city, state, and zip code
2. Any element of dates directly related to an individual, including birth date, admission date, discharge date, and date of death.

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- C. A limited data set may be used or disclosed only for research, public health, or healthcare operations.
- D. DHS need not track or account for disclosures of limited data sets in an accounting of disclosures requested by an individual.

IV. Contents of a Data Use Agreement

- A. Rancho may disclose a limited data set only if the entity receiving the limited data set enters into a written agreement with DHS, under subsection (IV) (B) immediately below, that such entity will use or disclose the protected health information only as specified in the written agreement.
- B. A data use agreement between Rancho and the recipient of the limited data set must:
 - 1. Specify the limited data set recipient's permitted uses and disclosures of such information. Rancho may not use the agreement to authorize the limited data set recipient to use or further disclose the information in a manner that would violate the requirements of this policy if done by Rancho.
 - 2. Specify who is permitted to use or receive the limited data set.
 - 3. Specify that the limited data set recipient will:
 - a. Not use or further disclose the information other than as specified in the data use agreement or as otherwise required by law.
 - b. Use appropriate safeguards to prevent the use or disclosure of information other than as specified in the data use agreement.
 - c. Report to Rancho, if Rancho is the source of the limited data set, if the recipient becomes aware of any use or disclosure of the information not specified in its data service agreement with Rancho.
 - d. Ensure that any agent, 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 concerning such information.
 - e. Not identify the information or contact the individual whose data is being disclosed.
- V. If Rancho knows of a pattern of activity or practice of the limited data set recipient that constitutes a material breach or violation of the data set agreement, Rancho will take reasonable steps to cure the breach or end the violation, as applicable, and, if such efforts are unsuccessful, DHS will:
 - A. Discontinue disclosure of PHI to the recipient; and
 - B. Report the problem to the United States Department of Health and Human Services Secretary.
- VI. If DHS receives a limited data set from another covered entity, Rancho must abide by the terms of a data use agreement.

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VII. Records Retention. All documents required to be created or completed under this policy and procedure will be retained for at least six years from the date of its creation or when it was last in effect, whichever is later.

REFERENCES:

Code of Federal Regulations 45 Part 160 and 164; Section 164.514 (a)-(c), (e) Other Requirements Relating to Uses and Disclosures of Protected Health Information

Code of Federal Regulations 45 Part 160 and 164; Section 164.502 (d) Uses and Disclosures of Protected Health Information: General Rules - Uses and Disclosures of De-Identified Protected Health Information.

Adopted from DHS Policy 361.19