

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: PROTECTED HEALTH INFORMATION: DE-IDENTIFICATION AND RE-IDENTIFICATION OF		Original Issue Date: 4/14/03	Policy # 400.2
		Supersedes: 1/10/17	Effective Date: 12/13/23
Policy Owner(s): Director of Health Information Management Senior Executive Sponsor(s): Chief Operations Officer			
Departments Consulted: Privacy Compliance Council Health Information Management Health Information Committee	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Operations Officer	
		Chief Executive Officer	

PURPOSE

To delineate the Los Angeles General Medical Center's policy for protecting the privacy of patient health information by establishing requirements for de-identification and re-identification of protected health information as well as the creation and use of limited data sets.

POLICY

It is the policy of Los Angeles General Medical Center to set forth requirements for de-identification and re-identification of protected health information (PHI). PHI is de-identified when the identifiers listed in the Procedure Paragraph, Requirements for De-identification have been removed and there is no basis to believe the information can be used to re-identify the individual.

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

The Medical Center may use or disclose a limited data set that meets the requirements of this Policy, if the Medical Center enters into a data use agreement with the limited data set recipient (or with the data source, if the Medical Center will be the recipient of the limited data set) in accordance with the requirements of this Policy.

DEFINITIONS

Protected Health Information (PHI)

Information that is created or received by a health care provider, health plan, employer, or health care clearinghouse; 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 and identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual).

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<u>Use or Uses</u>	With respect to PHI, the sharing, employment, application, utilization, examination, or analysis of such information within the Medical Center's internal operations.
<u>Disclose Disclosure</u>	With respect to the limited data set, the release, transfer, provision of access to, or divulging in any other manner the limited data set outside the Medical Center's internal operations or to other than its employees.
<u>Limited Data Set</u>	PHI that excludes certain direct identifiers of the individual or of relatives, employers, or household members of the individual as set forth in Code of Federal Regulations 45, Section 164.512(e)(2).
<u>De-identification</u>	Removing information that is individually identifiable when it is not necessary for the purpose for which the information is being used or disclosed. De-identified information is not PHI.
<u>Re-identification</u>	Assigning a code or other means of record identification that allows de-identified information to again be linked with an individual.

PROCEDURE

Requirements for De-identification of PHI

- 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 Medical Center 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 information. The 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 3 digits of a zip code:
 - 1) Represents a geographic unit in which combining all zip codes with the same initials contains more than 20,000 people; and
 - 2) The initial 3 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 age (including year), except when all ages of 90 or older can be aggregated into a single category).

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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 (including license plate 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 the Re-identification Paragraph of this policy.
- The Medical Center has no actual knowledge that the information could be used alone or in combination with other information to identify an individual who is the subject of the information.
 - The Medical Center may also demonstrate that health information is not individually identifiable if a person with appropriate knowledge and experience applying generally accepted statistical and scientific methods for rendering information not individually identifiable:
 1. Applies such principles/methods and determines that the risk is very small 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.

Re-identification Requirements

- The Medical Center may assign a code or other means of record identification to allow de-identified information to be re-identified provided the following conditions are met:
 1. The code or other means of record identification is not derived from or related to information about the individual;
 2. The Medical Center 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. The Medical Center determines how and where these codes for re-identification are located and kept secure.
- Disclosure of the code or other means of record identification is considered a disclosure of PHI.

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Requirements For A Limited Data Set

- A limited data set is PHI that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual:
 1. Names
 2. Postal address information, other than town or city, State, and 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.
- A limited data set may retain the following identifiers of the individual, or of the relatives, employers or household members of the individual:
 1. Town or city, State, and zip code; and
 2. Any element of dates directly related to an individual, including birth date, admission date, discharge date, and date of death.
- A limited data set may be used or disclosed only for the purposes of research, public health, or health care operations.
- The Medical Center need not track or account for disclosures of limited data sets in an accounting of disclosures requested by an individual.
- If the Medical Center receives a limited data set from another covered entity, the Medical Center must abide by the terms of a data use agreement.

Contents Of A Data Use Agreement

- The Medical Center may disclose a limited data set only if the entity receiving the limited data set enters into a written agreement with the Medical Center that such entity will use or disclose the protected health information only as specified in the written agreement.
- A data use agreement (Attachment A) between the Medical Center and the recipient of the limited data set must:

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1. Specify the permitted uses and disclosures of such information by the limited data set recipient. The Medical Center 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 the Medical Center.
 2. Specify who is permitted to use or receive the limited data set; and
 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 use or disclosure of the information other than as specified in the data use agreement;
 - c. Report to the Medical Center if the Medical Center 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 use agreement with the Medical Center;
 - 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 with respect to such information; and
 - e. Not identify the information or contact the individual whose data is being disclosed.
- If the Medical Center knows of a pattern of activity or practice of the limited data set recipient that constitutes a material breach or violation of the data use agreement, the Medical Center will take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, the Medical Center in consultation with Los Angeles County Department of Health Services will:
 1. Discontinue disclosure of PHI to the recipient; and
 2. Report the problem to the Secretary of the United States Department of Health and Human Services.

Records Retention

- All documents required to be created or completed under this Policy will be retained for a period of at least six (6) years from the date of its creation or the date when it was last in effect, whichever is later.

REFERENCES

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

45 Code of Federal Regulations 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"

DHS Policy No. 361.19: "De-Identification of Protected Health Information (PHI)/Limited Data Sets"

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ATTACHMENT

Attachment A: DHS Model Data Use Agreement

REVISION DATES

March 01, 2007; September 25, 2008; August 13, 2013; January 10, 2017; December 13, 2023