

De-Identification of Protected Health Information

VCU Health System Authority and Affiliates Policy

Owner: Chief Compliance & Privacy Officer

Effective Date: 10/23/2023

Revision: 2.0

This policy applies to Virginia Commonwealth University Health System Authority and all of its wholly owned or controlled affiliates (collectively referred to herein as VCUHS or VCU Health System).

This policy applies to the facilities marked below:

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| <input checked="" type="checkbox"/> VCU Medical Center | <input checked="" type="checkbox"/> Community Memorial Hospital | <input checked="" type="checkbox"/> VCU Health Children's Services at Brook Road |
| <input checked="" type="checkbox"/> VCU Health Ambulatory Surgery Center L.L.C | <input checked="" type="checkbox"/> Community Memorial Hospital (Hundley Center) | <input checked="" type="checkbox"/> VCU Health Tappahannock Hospital |
| <input checked="" type="checkbox"/> MCV Associated Physicians d/b/a MCV Physicians | <input checked="" type="checkbox"/> CMH Physician Services, LLC | |
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General Information

Compliance Services	(804) 828-0500; complianceservices@vcuhealth.org
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Purpose

To establish requirements for VCU Health System Team Members as to the de-identification of an individual's Protected Health Information (PHI).

Definitions

Term:	Definition:
De-Identification	The removal of all identifiers such that there is no reasonable basis to believe that the information can be used to identify an individual or the relatives, employers, or household members of the individual.
Limited Data Set	Protected health information that excludes specified direct identifiers of the individual or of relatives, employers or household members of the individual.
Team member	Any person, whether compensated or not, who performs some function for, on behalf of, and under the supervision of the VCU Health System, and who has access to health system premises, information and/or electronic information systems including, but not limited to, salaried or hourly employees, medical staff, credentialed providers, faculty, researchers, VCU employees, students, volunteers, contractors, consultants and agency or temporary employees.

Policy

- A. De-Identified information created in conformance with this Policy is not Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 and its regulations (collectively HIPAA) but is governed by VCU Health System policies and procedures.
- B. VCU Health System complies with the applicable requirements of the HIPAA Privacy Regulations when de-identifying an individual's PHI, as outlined in this policy.
- C. A Business Associate Agreement is required when VCU Health System contracts with a business associate to perform de-identification.

Procedure

- 1. De-identification of VCU Health System PHI must be approved by Compliance Services or as required by the Research Honest Broker Policy.
- 2. There are only two (2) methods for de-identification as set forth in the HIPAA Privacy Regulations. See 45 C.F.R. 164.514(a). If one of these methods is used, the information remaining is no longer PHI as defined by HIPAA.
 - 2.1. Expert Determination Method---Persons desiring to utilize this method of de-identification should not pursue it on their own but must consult with Compliance Services to ensure the requirements of the Privacy Regulations are met.

- 2.2. Safe Harbor Method—to de-identify PHI using this method requires that ALL of the following identifiers of the patient, as well as the relatives, employers, or household members of the patient, are removed:
- 2.2.1. Names;
 - 2.2.2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes;
 - 2.2.3. Exception for ZIP codes - the initial three digits of the ZIP code may be used if, according to the current publicly available data from the Bureau of the Census:
 - 2.2.3.1. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
 - 2.2.3.2. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.
 - 2.2.4. All elements of dates (except year) for dates that are directly related to an individual including:
 - 2.2.4.1. Birth date,
 - 2.2.4.2. Admission date,
 - 2.2.4.3. Discharge date,
 - 2.2.4.4. Death date, and
 - 2.2.4.5. 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.
 - 2.2.5. Telephone numbers;
 - 2.2.6. Fax numbers;
 - 2.2.7. Email addresses;
 - 2.2.8. Social Security numbers;
 - 2.2.9. Medical record numbers;
 - 2.2.10. Health plan beneficiary numbers;
 - 2.2.11. Account numbers;
 - 2.2.12. Certificate/license numbers;
 - 2.2.13. Vehicle identifiers and serial numbers, including license plate numbers;
 - 2.2.14. Device identifiers and serial numbers;
 - 2.2.15. Web Universal Resource Locators (URLs);
 - 2.2.16. Internet Protocol (IP) addresses;
 - 2.2.17. Biometric identifiers, including finger and voice prints;
 - 2.2.18. Full-face photographs and any comparable images; and
 - 2.2.19. Any other unique identifying number (including prescription numbers and clinical trial numbers), characteristic, or code, except a code used for re-identification purposes

consistent with Section 4 below.

- 2.2.20. In addition to the removal of the specific identifiers above, in the context of the Safe Harbor Method, VCU Health System must ensure that it does not have actual knowledge that the remaining information could be used alone or in conjunction with other information to identify an individual who is a subject of the information.
3. If VCU Health System determines that it is not possible, is impractical, or excessively burdensome to use either method for de-identification, VCU Health System can choose to:
 - 3.1. Not release the PHI;
 - 3.2. Consider use of a Limited Data Set (COMP.014, Uses and Disclosures of Protected Health Information for Research); or
 - 3.3. Have the requestor seek an authorization from the individual (patient) for the use and disclosure of PHI that has not been de-identified.
4. In certain circumstances, VCU Health System may wish to re-identify information previously de-identified, but it is not required to do so. This re-identification may be accomplished through the assignment of a unique code, key, or other means of record identification by VCU Health System, provided that the following specifications are met.
 - 4.1. Generating a Code – The code, key or other means of record re-identification is not derived from or related to PHI about the individual and is not otherwise capable of being translated to identify the individual. For example, the code, key or record identifier may not be initials (which is derived from a name), a scrambled medical record number, or a scrambled social security number.
 - 4.2. Code Security - VCU Health System does not use or disclose the code, key, or other record identifier for any other purpose, and does not disclose the mechanism for re-identification. The code, key, or other record identifier must be kept confidential and secure.
 - 4.3. If VCU Health System uses specialized software to de-identify PHI or re-identify information, access by team members to the software is governed by the appropriate VCU Health System policies and procedures on information security and privacy, including but not limited to:
 - 4.3.1. Access controls
 - 4.3.2. Password management
 - 4.3.3. Media controls
 - 4.3.4. Physical safeguards; and
 - 4.3.5. Confidentiality, security and privacy of PHI.
 - 4.4. If de-identified information is re-identified, the re-identified information is PHI protected by the HIPAA Privacy Regulations and VCU Health System policy.

Related Documents

Document Type:	Document Name:	Document Number:
Policy	Protected Health Information, Uses and Disclosures for Research	COMP-014
Policy	Protected Health Information, Minimum Necessary Uses and Disclosures	MR.PH.006
Policy	Business Associates	IS.AD.003
Policy	Protected Health Information, Disclosure of PHI to Business Associates	COMP-001
Policy	Research Honest Broker	
Regulation	Other Requirements Relating to Uses and Disclosures of Protected Health Information	45 CFR 164.514(b)

Evidence Citations

Office of Civil Rights. (2022). *Guidance regarding methods for de-identification of protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) privacy rule: Guidance portal*. Retrieved December 2, 2022, from <https://www.hhs.gov/guidance/document/guidance-regarding-methods-de-identification-protected-health-information-accordance>