



**TITLE: DE-IDENTIFICATION OF PROTECTED HEALTH  
INFORMATION**

**PURPOSE:** To: 1) provide guidance on how to de-identify Protected Health Information (PHI), 2) outline the process for reviewing and responding to requests for de-identifying PHI and 3) provide guidance for re-identification of De-identified Information.

**POLICY STATEMENT:**

It is the policy of Harris County Hospital District (HCHD) to assure that when using or disclosing De-identified Information, the PHI is de-identified in accordance with applicable Federal privacy requirements and that De-identified Information that is re-identified is treated as PHI under Federal privacy requirements. HCHD Workforce members are encouraged to utilize de-identified information where possible in conducting Hospital District business.

**POLICY ELABORATION:**

**I. DEFINITIONS:**

- A. **Business Associate** – A person or entity that provides certain functions, activities or services for or to a Covered Entity involving the use and/or disclosure of PHI (e.g., claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, repricing, legal services, actuarial services, accounting services, consulting services, data aggregation services, management services, administrative services, accreditation services, and financial services, etc.).
- B. **Covered Entity** – A health plan, a healthcare clearinghouse, or a healthcare provider that electronically transmits health information covered by the HIPAA Regulations.
- C. **Data Use Agreement** - An agreement between the covered entity and the limited data set recipient that establishes the permitted uses and disclosures of information within the limited data set.



- D. **De-identified Information** - Health information that does not identify a patient and there is no reasonable basis to believe that the information can be used to identify a patient.
- E. **Healthcare Operations** - Any of the following activities of the covered entity that are related to covered functions:
1. Conducting quality assessment and improvement activities, including:
    - a. outcomes evaluation and development of clinical guidelines provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities;
    - b. Conducting population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination;
    - c. Contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
  2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing or credentialing activities;
  3. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of § 164.514(g) are met, if applicable;
  4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
  5. Business planning and development, such as conducting cost-management and planning-related analyses to manage and operate the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and



6. Business management and general administrative activities of the entity, including, but not limited to:
  - a. Management activities relating to implementation of and compliance with the requirements of this subchapter;
  - b. Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer.
  - c. Resolution of internal grievances;
  - d. The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and
  - e. Consistent with the applicable requirements of § 164.514, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.
  
- F. **Individually Identifiable Health Information (IIHI)** – Information, including demographic information, that:
  1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
  2. Relates to the past, present, or future physical or mental 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
    - a. Identifies the individual; or
    - b. There is a reasonable basis to believe the information can be used to identify the individual.
  
- G. **Protected Health Information (PHI)** – individually identifiable patient health information in any form, including demographic information, that is created or received by a healthcare provider, and relates to the patient’s healthcare condition, provision of healthcare or payment for the provision of healthcare.



- H. **Re-Identified Information** - De-identified Information that is subsequently re-identified using a code, key or other record identifier.

## II. **CREATING DE-IDENTIFIED INFORMATION**

Federal privacy requirements protect the Use and Disclosure of PHI; however, this protection does not extend to PHI that has been de-identified so that it cannot be linked to a specific patient. If De-identified Information is re-identified by HCHD, a Business Associate or other valid requestor, such Re-identified Information then becomes subject to the federal privacy requirements.

- A. HCHD may use PHI to create De-identified Information or may Disclose PHI to a Business Associate so that the Business Associate can create De-identified Information. The De-identified Information can be released to:
1. HCHD,
  2. A Business Associate or
  3. Other valid requestors.
- B. HCHD may use and disclose De-identified Information. Health information that meets the standard and implementation specifications for de-identification under Federal privacy regulations is not considered to be individually identifiable health information. The requirements do not apply to information that has been de-identified in accordance with federal privacy regulations provided that:
1. Disclosure of a code or other means of record identification designed to enable de-identified information to be re-identified constitutes disclosure of protected health information and
  2. If de-identified information is re-identified, a covered entity may use or disclose such re-identified information only as permitted by HCHD or required by federal privacy regulations.
- C. De-identification Methods: PHI may be de-identified using only the following de-identification methods permitted by federal law:



1. Statistical Method. A person with appropriate knowledge and experience, applying generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
  - a. Determines that the risk is very small that the information could be used, either by itself or in combination with other available information, by anticipated recipients to identify the patient who is a subject of the information, and
  - b. Documents the methods and results that justify this determination.
  
2. Removal of All Identifiers Method – ‘Safe Harbor Method’. All of the following identifiers of the patient, and of the patient’s relatives, employers and household members, are removed:
  - a. Name
  - b. All geographic sub divisions smaller than a State including street: street address, city, county, precinct, ZIP Code and their equivalent geocodes.  
Exception for ZIP Codes: The initial three digits of the ZIP Code may be used if, according to 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.’
  - c. All elements of dates (except year) directly related to a patient including:
    - (1) Birth date
    - (2) Admission date
    - (3) Discharge date
    - (4) Date of death
    - (5) For patients older than age 89, including year indicative of such age, except that the ages may be aggregated into a single category of age 90 or older;
  - d. Any other information used to identify a patient including:
    - (1) Telephone numbers
    - (2) Fax numbers
    - (3) Electronic mail addresses
    - (4) Social Security numbers



- (5) Medical Record numbers (including prescription numbers and clinical trial numbers)
- (6) Health plan beneficiary numbers
- (7) Account numbers
- (8) Certificate/license numbers
- (9) Vehicle identifiers and serial numbers, including license plate numbers
- (10) Device identifiers and serial numbers
- (11) Web Universal Resource Locators (URLs)
- (12) Internet Protocol (IP) address numbers
- (13) Biometric identifiers, including finger and voice prints, and
- (14) Full face photographic images and any comparable images
- (15) Any other unique identifying number, characteristic, or code.

However the privacy rule explicitly allows the inclusion of a unique identifier that can be used to re-identify PHI that has been de-identified; and:

3. HCHD does not have actual knowledge that the information could be used alone or in combination with other information to identify a patient who is a subject of the information.

### **III. WHEN PHI CANNOT BE DE-IDENTIFIED**

HCHD may not be able to de-identify certain PHI. If HCHD cannot Use or Disclose PHI for a particular purpose and believes that removing identifiers is excessively burdensome, it can choose not to release the PHI. HCHD may be able to release a Limited Data Set per policy 3.11.308 - Use and Disclosure of Limited Data Sets, or it can seek an Authorization from the patient for the Use and Disclosure of PHI. See Policy 3.11.300, Authorization for Use and Disclosure of PHI for Purposes Other than TPO.

### **IV. PROCESSING REQUESTS FOR DE-IDENTIFIED INFORMATION**

- A. Requests for De-identified Information must be in writing and be submitted to the applicable department responsible for the information.



- B. At a minimum, written requests must include the following information:
1. Requestor's name, address, telephone numbers, title, organization or department.
  2. Date of request.
  3. Purpose of the request, which should include the intended uses, expected outcomes, and who will have access to the De-identified information.
  4. Record parameters or selection criteria – time period included, minimum number of patient records, type of patient records, or other characteristics defined by the responsible department.
  5. Date the De-identified information is required by the requestor.

Examples of forms used to request De-identified Information include, "Information Technology Report Request" and the "Health Information Management Chart Request Form." These forms are available on the HCHD Intranet at: <http://home/departments/HIPAA/Forms/Forms.htm> or on the Internet at: <http://www.hchdonline.com>.

- C. Requests for De-identified Information may be denied if HCHD cannot de-identify the PHI, the recipient refuses to compensate HCHD for generating the De-identified Information or if it is an imposition to the operations of HCHD.
- D. Approved requests will be routed to the person, department or Business Associate responsible for creating the De-identified Information. The person, department or Business Associate must use one of the two approved methods for de-identifying PHI, as described in the section on "Creating De-Identified Information" above. The De-identified Information must be accompanied by a statement certifying that either:
1. The risk is very small that the information could be used, either by itself or in combination with other available information, by anticipated recipients to identify a subject of the information; or
  2. That all identifiers of the patient, relatives, employers, or household members of the patient, are removed, and



3. That HCHD does not have actual knowledge that the information could be used alone or in combination with other information to identify a patient who is the subject of the information.

E. Delivery of De-identified Information: The De-identified Information will be delivered to the requestor/approved recipient upon approval by the applicable department responsible for the information.

## **V. FEE SCHEDULE**

A. The requestor of De-identified Information may be asked to compensate HCHD for resource expenditures related to the request.

B. HCHD may establish a fee schedule that conforms with the fee schedule guidance provided in the Texas Public Information Act to compensate for the use of HCHD's personnel time, software, hardware, or other equipment.

## **VI. RE-IDENTIFICATION OF PHI**

A. HCHD may re-identify information previously de-identified. This re-identification may be accomplished through the use of a code, key, or other means of record identification, provided that the following specifications are met:

1. HCHD 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.
2. The code, key or other means of record identification is not derived from or related to the information about the patient, and is not otherwise capable of being translated so as to identify the patient.
3. The unique code, key, or record identifier must not be such that someone other than HCHD could use it to identify the patient (such as a derivative of the patient's name).

B. The code, key or other record identifier must be kept confidential and secure.



- C. Once HCHD re-identifies De-identified Information, it will comply with applicable Federal privacy requirements with respect to Use and Disclosure of PHI.

## **VII. SPECIALIZED SOFTWARE FOR RE-IDENTIFICATION**

If HCHD has or acquires specialized software to de-identify PHI or to re-identify De-identified Information, access by workforce members to the software will be governed by the appropriate HCHD policies and procedures on Information Security and Privacy, including but not limited to:

- A. Access controls
- B. Password management
- C. Media controls
- D. Physical safeguards
- E. Confidentiality and privacy of PHI

## **VIII. DOCUMENTATION REQUIREMENTS**

- A. A method for documentation of requests and/or Disclosure of De-identified Information should be established.
- B. All requests for De-identified data must be maintained for six years from the date of delivery of the De-identified Information.

## **REFERENCES/BIBLIOGRAPHY:**

- 3.11.000, HCHD HIPAA Policy
- 3.11.105, Use and Disclosure of Protected Health Information for Treatment, Payment and Health Care Operations



- 3.11.300, Authorization for Use and Disclosure of PHI for Purposes Other Than TPO
- 3.11.308, Use and Disclosure of Limited Data Sets
- 3.11.401, Business Associates
- 3.13, Signature Authority on Data Use Agreements

**OFFICE OF PRIMARY RESPONSIBILITY:**

Office of Privacy Administration

**ENDNOTES:**

**REVISION HISTORY:**

Effective Date	Version	Approved by:
5/28/05	1.0	President & CEO