LSU HEALTH CARE SERVICES DIVISION
DE-IDENTIFICATION OF PHI

POLICY NUMBER: 7511-25

CATEGORY: HIPAA Policies

CONTENT: De-Identification of PHI
- Request for De-identified Information – Attachment A

APPLICABILITY: This policy is applicable to all workforce members of the Health Care Services Division Administration and Lallie Kemp Medical Center to include employees, physician/practitioner practices, vendors, agencies, business associates and affiliates.

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INQUIRIES TO: Health Care Services Division
Compliance Section
Post Office Box 91308
Baton Rouge, LA 70821

Note: Approval signatures/titles are on the last page

LSU HEALTH CARE SERVICES DIVISION
DE-IDENTIFICATION OF PHI

I. STATEMENT OF POLICY

To provide guidance to the health care facilities and providers affiliated with the LSU Health Care Services Division (HCSD) regarding the requirements of the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), to de-identify an individual's Protected Health Information (PHI).

All HCSD facilities and providers (referred in this policy as the "Facility") should comply with the applicable requirements of the HIPAA Privacy Regulations when de-identifying an individual's PHI.

Those seeking to de-identify PHI should follow the processes found in the U.S. Department of Health and Human Services guidance document – Guidance Regarding Methods for De-Identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, found at the following link:

www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html

Note: Any reference herein to HCSD also applies and pertains to Lallie Kemp Medical Center.

II. IMPLEMENTATION

This policy and subsequent revisions to the policy shall become effective upon approval and signature of the HCSD Chief Executive Officer (CEO) or designee.

III. DEFINITIONS

A. Protected Health Information or PHI – for purposes of this policy means individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. Includes demographic data that relates to:

1. The individual's past, present or future physical or mental health or condition;
2. The provision of health care to the individual; or

3. The past, present, or future payment for the provision of health care to the individual, and that identified the individual or for which there is a reasonable basis to believe it can be used to identify the individual. PHI includes many common identifiers such as name, address, birth date, social security number, etc.

B. Authorization – A written document completed and signed by the individual that allows use and disclosure of PHI for purposes other than treatment, payment or health care operations.

C. Designated Record Set – is a group of records maintained by or for the Facility that is:

1. The medical records and billing records about individuals maintained by or for the Facility;
2. Any records used, in whole or part, by or for the Facility to make decisions about individuals; or
3. Any record that meets this definition of Designated Record Set and which are held by a HIPAA Business Associate of the Facility are part of Facility's Designated Record Set.

- The term *record* means any item, collection, or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for the Facility.
- The term *record* also includes patient information originated by another health care provider and used by the Facility to make decisions about a patient.
- The term *record* includes tracings, photographs, videotapes, digital and other images that may be recorded to document care of the patient.

D. Psychotherapy Notes – means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes does not include: medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

E. Limited Data Set-PHI from which certain, but not all, identifiers of the individual or of his or her relatives, employers, or household members have been removed.

F. Privacy Officer – Person designated by the Facility as the Privacy Officer.

IV. PROCEDURE

A. Uses and Disclosures of De-identified Information

1. When possible or practical, the Facility will use and disclose de-identified information when conducting health care operations. The Facility is not required to de-identify PHI for health care operations.
2. The Facility may use de-identified information for a number of purposes, including, but not limited to:
    a. Research – A systematic investigation, including research development, testing and evaluation designed to develop or contribute to generalizable knowledge;
    b. Service Development – The Facility may use de-identified information in determining where to provide health care services in the community. For example, identifying locations where clinics or other health care facilities may be needed in an underserved or growing community; and
    c. Training – The Facility may use de-identified medical information in the training of employees and students. If practical, patient identifiers may be removed from materials used to train medical coders, transcriptionists, and other employees and students.

B. Creating De-identified Information and Re-identifying Information

1. The Facility may use PHI to create de-identified information or disclose PHI only to a business associate to create de-identified information for use by:
    a. The Facility;
    b. A business associate; or
    c. Another valid requestor.
2. If PHI Cannot Be De-Identified**.** The Facility may not be able to remove identifiers from PHI. If the Facility cannot use or disclose PHI for a particular purpose, but believes that removing identifiers is excessively burdensome, it can choose:
    a. Not to release the PHI;
    b. Consider use of a Limited Data Set;
    c. Seek an authorization from the individual for the use and disclosure of PHI including some or all of the identifiers; or
    d. The Facility may contract with a business associate to perform de-identification.

C. De-identification Methods. PHI may be de-identified only by using one of two methods for de-identification approved by the U.S. Department of Health and Human Services. By using these methods, the Facility may reasonably believe that health information is not individually identifiable health information.

1. Expert Determination Method – A person with appropriate knowledge and experience applying generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
    a. Makes a determination that the risk is very small that the information could be used, either by itself or in combination with other reasonably available information, by anticipated recipients to identify a subject of the information; and
    b. Documents the analysis and results that justify this determination.

D. Removal of All Identifiers Method – 'Safe Harbor Method'– All of the following identifiers of the patient, relatives, employers, or household members of the patient, are removed:

1. Names;
2. Address: 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'. (Note: The 17 currently restricted 3-digit ZIP codes to be replaced with '000' include: 036, 692, 878, 059, 790, 879, 063, 821, 884, 102, 823, 890, 203, 830, 893, 556, 831); and
3. All elements of dates (except year) for dates directly related to an individual including:
    a. Birth date
    b. Admission dateDischarge date
    c. Date of death
    d. All ages over 89 and all elements of dates (including year) indicative of such age. Such ages and elements may be aggregated into a single category of age 90 or older
    e. Telephone numbers
    f. Fax numbers
    g. Electronic mail addresses
    h. Social security numbers
    i. Medical record numbers (including prescription numbers and clinical trial numbers)
    j. Health plan beneficiary numbers
    k. Account numbers
    l. Certificate/license numbers
    m. Vehicle identifiers and serial numbers including license plate numbers
    n. Device identifiers and serial numbers
    o. Web Universal Resource Locators (URLs)
    p. Internet Protocol (IP) address numbers

q. Biometric identifiers, including finger and voice prints
r. Full face photographic images and any comparable images
s. Any other unique identifying number, characteristic, or code; except a code used for re-identification purposes
t. The Facility does not have 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.

E. Re-identification

1. The Facility may wish to re-identify information previously de-identified, but is not required to do so. This re-identification may be accomplished through the use of a unique code, key or other means of record identification, provided that the following specifications are met:
   a. Code Origin - The code, key or other means of record identification is not derived from or related to the PHI about the individual, and is not otherwise capable of being translated so as to identify the individual. In other words, the unique code, key or record identifier must not be such that someone other than the Facility could use it to identify the individual (such as a derivative of the individual's name or social security number.)
   b. Code Security - The Facility 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.
   c. If the Facility uses specialized software to de-identify PHI or re-identify information, access by workforce members to the software will be governed by the appropriate Facility policies and procedures on information security and privacy, including, but not limited to:
      i. Access controls
      ii. Password management
      iii. Media controls
      iv. Physical safeguards
      v. Confidentiality and privacy of PHI.

F. Processing Requests for De-identified Information

1. Requests for de-identified information from the Facility must be in writing and submitted to the facility HIM Director or designee.
2. Written requests must include the following information:
   a. Requestor information – Name, address, telephone numbers, title, organization or department;
   b. Date of request;
   c. Purpose of the request;

d. Names of all anticipated recipients of the de-identified information.
e. Record parameters or selection criteria – Time period included, minimum number of patient records, type of patient records (such as by inpatient, outpatient, diagnosis, procedure, drug use, or other criteria);
f. Planned publications from the use of the de-identified information;
g. Date the recipient requires the de-identified information;
h. A statement assuring the recipient will not give, sell, loan, show or disseminate the de-identified information to any other parties without the express written permission of the Facility;
i. A statement assuring the recipient will not link the Facility de-identified data to any other data the recipient may have access to, where the linked data identifies individual patients. For example, linking de-identified data from the Facility with publicly available census data and the linking reveals the identity of individual patients; and
j. A statement assuring the recipient will not contact any patient, or their relatives, employers, or other household members that may accidentally be identified by the recipient. See Attachment A – Request for De-identified Information for a form the Facility may use for implementing this policy.

3. The request for de-identified information must be reviewed, approved or denied by the appropriate HIM Director or designee, with input from the Privacy Officer.
4. Requests for de-identified information may be denied if:
   a. The Facility cannot de-identify the PHI;
   b. The requestor refuses to agree to required statements on the request form;
   c. The recipient refuses to compensate the Facility for generating the de-identified information; or
   d. It is an imposition to the operations of the Facility.
5. The Facility shall designate appropriate personnel whom to approved requests will be routed for creating the de-identified information.
6. The designated Facility personnel must use one of the approved methods for de-identifying PHI. The de-identified information must be accompanied by a statement certifying that either:
   a. The risk is very small that the information could be used, either by itself or in combination with other reasonably available information, by anticipated recipients to identify a subject of the information; or
   b. All identifiers of the patient, or relatives, employers, or household members of the patient, are removed; and
   c. The Facility does not have actual knowledge that the de-identified information could be used alone or in combination with other reasonably available information to identify an individual who is

subject of the information; and

d. The de-identified information will be delivered to the approved recipient upon approval of the Privacy Officer or designee.

G. Fee Schedule

1. The requestor of de-identified information may be asked to compensate the Facility for resource expenditures related to the request.
2. The Facility may establish a fee schedule to compensate for the use of the Facility's personnel time, supplies, software, hardware or other equipment for:
   a. Reviewing requests for de-identified information (Application Fee);
   b. Generating the de-identified information;
   c. Re-identifying de-identified information; and
   d. Other specified activities related to the request for de-identified information.

V. EXCEPTION

The HCSD CEO or designee may waive, suspend, change, or otherwise deviate from any provision of this policy deemed necessary to meet the needs of the agency as long as it does not violate the intent of this policy, state and/or or federal laws, Civil Service Rules and Regulations, LSU Policies/Memoranda, or any other governing body regulations.

Attachment A: Request for De-identified Information

[Name of Facility] requires a written request for de-identified information that provides a detailed explanation of why the information is required and how it will be used by the requester. It is within the discretion of **[Name of Facility]** to approve or deny requests for de-identified information. Please complete the following to assist us in the review process. ***Submit*** **this completed form to [*Name of Facility's*] HIM Director or designee at [Mailing Address.]**

Requestor
Name_____Title_____

Department/Organization_____

Address
_____
Street City State Zip Code

Business Phone: (_____)_____ E-mail _____

Date Information Is Needed _____

A. Purpose of the Request:

B. Will the de-identified information be used or accessed by someone other than the requester? [ ] YES [ ] NO
If YES, list by name (or title) the individuals who will use or have access to this information:

Name/Title	Organization	Phone Number (extension)

C. Describe the parameters or selection criteria needed to process this request for de-identified information (e.g. diagnosis, procedure, drug use).

Time Period	Minimum number of records	Selection Criteria	Type of patient record

D. Describe or attach the requested format (and record layout parameters) of the information (i.e., hard copy, electronic, etc.)

E. List any planned publications that will result from use of the information provided:

F. Will you ever need to determine the identity of any of the individuals included in the de-identified data set? [ ] Yes [ ] No If Yes, please explain how often and why – be specific:

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND AGREE TO ABIDE BY THE FOLLOWING REQUIREMENTS FOR USE AND DISCLOSURE OF THE DE-IDENTIFIED HEALTH INFORMATION YOU ARE REQUESTING.

1. The recipient(s) will not give, sell, loan, show or disseminate the de-identified information to any parties other than those listed in item B above, without the express written permission of *[Name of Facility]*.
2. The recipient(s) will not link the *[Name of Facility]* de-identified data to any other data that the recipient may have access to, where the linked data identifies the individual patients. For example, linking de-identified data from *[Name of Facility]* with publicly available census data and the linkage reveals the identity of individual patients.
3. If the recipient accidentally identifies an individual, the recipient will not contact any patient, or their relatives, employers, or other household members.

Requestor Signature: _____ Date of Request _____
Printed Name _____

= =

FACILITY USE ONLY: [ ] APPROVED [ ] DENIED

If denied, reason:

_____

_____

***If approved**:*

The requestor of the de-identified data agrees to pay the established fees: **[ ]** Yes **[ ]** No

Appropriate fees have been collected **[ ]** Yes Amount Paid: $_____

De-identification Method to be Used: **[ ]** Statistical Model **[ ]** Removal of Direct Identifiers

Department/Organization to Perform the De-identification:
_____

Date PHI was De-identified and Delivered to Requestor:_____

Request Approved by:

Signature: _____ Date _____

Printed Name/Title:
_____

Department:
_____

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