

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

Subject: DE-IDENTIFICATION OF INFORMATION

Prepared by: Shoshana Milstein RHIA, CHP, CCS

Reviewed by: Renee Poncet

Approved by: Michael Lucchesi, MD

William P. Walsh, MBA, MSW

Patricia Winston, MS, RN

No. HIPAA-6

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Original Issue Date: 12/2002

Supersedes: 09/2013

Effective Date: 12/2016

Standards: Privacy of Individually Identifiable Health Information, 45 CFR §164.514(h)

Issued by: **Regulatory Affairs**

I. PURPOSE

Because the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) do not apply to health information that has been de-identified consistent with such regulations, this Policy is intended to ensure that where de-identified information is to be used, it has been appropriately de-identified consistent with such regulations.

II. POLICY

A. Uses and Disclosures of De-identified Information

1. SUNY Downstate may use protected health information (PHI), or disclose PHI to a business associate, to create de-identified information, whether or not the de-identified information is to be used by SUNY Downstate.
2. The federal HIPAA Standards for Privacy of Individually Identifiable Health Information do not apply to de-identified information that meets the requirements stated in Section III.B. provided that:
 - a. A code or other means of record identification designed to enable de-identified information to be re-identified is not disclosed;
 - b. If de-identified information is re-identified, the information is considered PHI and must follow the HIPAA Standards for Privacy of Individually Identifiable Health Information.

B. De-identification Standard Requirements- Health information may be determined to be de-identified if either one of the following methods is used:

1. A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
 - a. Applies such principles and determines that the risk is very small that the information could be used alone, or in combination with other reasonably available information, to identify the patient; and
 - b. Documents the methods and results of the analysis that justify such determination.
2. The following identifiers of the patient, his/her relatives, employers and household members are removed. SUNY Downstate must also not have actual knowledge that the information can be used, alone or in combination with other information, to identify the patient.
 - a. Names;
 - b. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code (except for the initial three digits if according to publicly available data from the Bureau of the Census the geographic unit formed by combining all zip codes with the same three initials digits contains more than 20,000 people);
 - c. All elements of dates (except year) for dates directly related to the patient, including date of birth, admission and discharge dates, date of death and all elements of dates indicative of ages over 89, except that such ages and elements may be aggregated into a single category of age 90 or older;
 - d. Telephone numbers;
 - e. Fax numbers;
 - f. E-mail addresses;
 - g. Social security numbers;
 - h. Medical record numbers;
 - i. Health plan beneficiary numbers;
 - j. Account numbers;
 - k. Certificate/ license numbers;
 - l. Vehicle identifiers and serial numbers (including license plates);
 - m. Device identifiers and serial numbers;
 - n. Web Universal Resource Locators (URL's);
 - o. Internet Protocol (IP) address numbers;
 - p. Biometric identifiers, including finger and voice prints;
 - q. Full face photographic images and any comparable images; and
 - r. Any other unique identifying number, characteristic or code.

C. Re-identification- A code or other means of record identification to allow de-identified information to be re-identified by SUNY Downstate can be assigned, provided that:

1. The record identification code is not derived from, or related to, information about the patient and is not capable of being translated so as to identify the patient (Ex: Combination of SS# and additional code);

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- 2. The record identification code cannot be used or disclosed for any other purpose and does not disclose the mechanism for re-identification.

III. DEFINITION

None

IV. RESPONSIBILITY

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

V. PROCEDURE/GUIDELINES

The development of the procedure section is the responsibility of the respective department. It is dependent upon the unique needs of each department's operating structure and shall be advanced and customized accordingly.

VI. ATTACHMENTS

None

VI. REFERENCES

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.514(h)

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
12/07	Yes	No	Shoshana Milstein /AVP, Compliance & Audit
9/2013	Yes	No	Shoshana Milstein /AVP, Compliance & Audit
9/2016	Yes	No	Shoshana Milstein /AVP, Compliance & Audit
12/2016	Yes	(No)	Shoshana Milstein /AVP, Compliance & Audit