



University of Connecticut Health Center

POLICY NUMBER 2003-29

March 28, 2005

**POLICY: CREATION, USE AND DISCLOSURE OF DE-IDENTIFIED PROTECTED HEALTH INFORMATION
(Privacy & Security of Protected Health Information (PHI))**

PURPOSE:

To define what is not individually identifiable health information.

SCOPE:

Applies to all University of Connecticut Health Center (UCHC) workforce:

- Employees (including faculty and staff)
- Volunteers
- Students and residents
- Temporary staff
- Agency and contracted staff
- Credentialed staff
- Members of the Board of Directors

POLICY:

The UCHC is permitted to use PHI that has been de-identified under certain circumstances. De-identified information is defined as information that has been stripped of any personalization so that it cannot be linked to any individual or be re-identified.

A. De-Identification of PHI

UCHC may determine that PHI is not individually identifiable only if:

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. determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, to identify an individual who is a subject of the information; and
 - b. documents the methods and results of the analysis that justify such determination.

OR

2. (i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:
 - a. Name;
 - b. Address (including street address, city, county, zip code). The initial three digits of a zip code may be used if, according to the current publicly available data from the Bureau of Census: 1) the area 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 a region containing 20,000 or fewer people is changed to 000;
- c. All elements of dates (except year) for dates directly related to an individual (birth date, admission date, discharge date, date of death), and all ages over 89 and all elements of dates (including year) indicative of such age, except that ages and elements may be aggregated into a single category of age 90 or older;
 - d. Telephone and fax numbers;
 - e. Electronic mail addresses;
 - f. Social security numbers;
 - g. Medical record numbers;
 - h. Health plan beneficiary numbers;
 - i. Account numbers (bank, retirement, credit card, etc);
 - j. Certificate/license numbers;
 - k. Vehicle identifiers and serial numbers, including license plates;
 - l. Device identifiers and serial numbers;
 - m. Web Universal Resource Locators (URL);
 - n. Internet Protocol (IP) address numbers;
 - o. Biometric identifiers including finger prints and voice prints;
 - p. Full face photographic images and comparable images; and
 - q. Any other unique identifying number, characteristic or code, unless assigned by UCHC and provided that the code is not derived from or related to information about the individual and is not otherwise capable of being translated to identifiable information and UCHC does not disclose the mechanism for re-identification or use the code for any other purpose.

AND

(ii) UCHC 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.

B. Uses and Disclosures of de-identified PHI:

1. Uses and disclosures to create de-identified information:
UCHC may use PHI to create de-identified information or disclose PHI only to a business associate who creates de-identified information, whether or not the de-identified data is to be used by UCHC.
2. Uses and disclosures of de-identified information:
Health information that meets the standard above is considered de-identified, and is not subject to the policy on use and disclosure of PHI, provided that:
 - a. Disclosure of a code or other means of record identification designed to enable coded or otherwise de-identified information to be re-identified constitutes disclosure of PHI; and
 - b. If de-identified data is re-identified, UCHC may use or disclose such re-identified information only as permitted or required by the policy on use and disclosure of PHI.

Reference: §164.502(d), §164.514(a-c), Health Insurance Portability and Accountability Act of 1996
UCHC Policy: Accounting of Disclosure of PHI to Patients Upon Their Request

Iris Mauriello (signed)

4/5/05

Privacy Officer

Date

Peter Deckers, MD (signed)

4/8/05

Executive Vice President for Health Affairs

Date

Replaces: Policy dated 4/14/03