Use of Protected Health Information for Teaching and Continuous Quality Improvement Purposes

I. Description:

Requirements for use of patient information for teaching and continuous quality improvement purposes.

II. Rationale

It is the policy of the University of North Carolina Health Care System (UNCHCS) and its affiliates to ensure the proper use and disclosure of Protected Health Information (PHI), both verbally and in writing, for teaching and continuous quality improvement (CQI). This policy describes the process which is required to enable users to obtain PHI for these purposes.

This policy applies to the UNCHCS entities set forth in UNCHCS Policy ADMIN 0139, "Privacy/Confidentiality of Protected Health Information," as these entities have designated themselves as an "affiliated covered entity" (referred to herein as a "UNCHCS entity" and collectively as "UNCHCS entities"). Health care providers, such as outside physicians or their staffs, who are not employed by UNCHCS entities, but provide services at UNCHCS entities, provide this care along with the UNCHCS entity through an "organized health care arrangement" under HIPAA. "Internal use" as used in this policy includes entities in the UNCHCS "affiliated covered entity" and "organized health care arrangement".

III. Policy

A. Obtaining PHI from User's own Patients or within User's Division for Internal Use and Disclosure

It is acceptable for a health care provider at a UNCHCS entity (a "user") to obtain for use and disclosure PHI for internal use for teaching or CQI purposes if the PHI is generated with respect to a patient treated by the user or members of the user's division. It is also acceptable for a UNC HCS entity's quality improvement department to use and disclose PHI for its own internal CQI purposes.

B. Obtaining PHI from Outside User's Division for Internal Use and Disclosure

When the user wants to obtain for use and disclosure PHI from outside of his or her division, the user must

submit to the applicable UNCHCS entity's health information management department a request for PHI that is needed for teaching or CQI purposes. In order to obtain access to PHI that is NOT for research purposes (in the form of a report or data download), but for hospital operations such as quality improvement/assurance, teaching, or audit, a Request for Record Review or Database Reports form must be completed and submitted to the UNCHCS entity's health information management department. This form must be signed by (both) the user (member of Medical Staff) and the user's department chair or department director.

C. Internal Use and Disclosure for Teaching and CQI Purposes

Except as otherwise allowed in UNCHCS and its affiliates' policies, it is preferable that PHI used for teaching and CQI purposes be de-identified as defined in Section D below. If the PHI is not for internal use, the PHI must be de-identified as defined in Section D below. All reasonable efforts should be made to maintain the identity of patients in confidence.

D. Process for De-Identification

Data is not considered PHI if it is completely de-identified. There are 18 identifiers that must be removed to create "de-identified" information. Identifiers concerning the individual and the individual's employer, relatives and household members that must be removed include:

- Names
- Geographic subdivisions smaller than a state
- Zip codes
- All elements of dates except year directly related to an individual, including birth or death or dates of health care services or health care claims
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary identifiers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web universal resource locators (URL)
- Internet protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other number, characteristic or code that could be used to identify the individual

Although a de-identified data set cannot contain a birth date, it may contain the individual's age expressed in years, except for individuals who are aged 90 years or more. For persons aged 90 years and above, the age in a de-identified data set can only be stated as being within the category of age 90 or above.

E. Enforcement

Individuals accessing PHI for teaching and CQI purposes without complying with the terms of this policy will be

subject to sanctions as set forth in the UNCHCS Policy [ADMIN 0238](#), "HIPAA Sanctions Policy," and applicable UNCHCS entity policies. Random audits of access to the electronic medical record will be performed to ensure compliance.

Attachments: No Attachments

Applicability

UNC Medical Center

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