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Owner: *David Behinfar: HCS Exec Dir Privacy*
Policy Area: *HIPAA - Privacy*
Policy Tag Groups:
Applicability: *UNC Health Care System (all owned and managed entities)*

PHI and the De-Identification of PHI

APPLICABILITY:

This policy applies to the following entities (collectively referred to as "UNC Health" in this policy):

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| ✓ UNC Health Care System / UNC Medical Center* | ✓ Johnston Health |
| ✓ UNC Physicians Network | ✓ Lenoir Memorial Hospital |
| ✓ UNC Physicians Network Group Practices / UNC Physicians Group Practices II | ✓ Margaret R. Pardee Memorial Hospital |
| ✓ Rex Healthcare / Rex Hospital | ✓ Nash Healthcare System/Nash Hospitals |
| ✓ Chatham Hospital | ✓ Wayne Memorial Hospital |
| ✓ Caldwell Memorial Hospital | |
| ✓ UNC Rockingham Health Care / UNC Rockingham Hospital | |

***UNC Medical Center includes all UNC Hospitals' facilities and the clinical patient care programs of the School of Medicine of UNC-Chapel Hill (including UNC Faculty Physicians).**

I. Description

Individually identifiable health information is considered protected health information (PHI) under HIPAA must be protected pursuant to the UNC Health HIPAA policies set forth in this UNC Health HIPAA Manual. Health information that does not identify individuals and which cannot be used to identify specific individuals (which includes de-identified information) is not individually identifiable health information or PHI and may be used or disclosed without the limitations or restrictions associated with PHI.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNC SOM). As a result, this policy shall apply to all UNC SOM personnel, including but not limited to faculty, staff, students, trainees, interns and volunteers who may be full-time, part-time, paid or unpaid who create, store, transmit, access or use any patient information in support of clinical purposes for UNC Health or any other healthcare entity.

II. Policy

A. Definition of Protected Health Information (PHI): PHI is defined as:

1. **Information** (in any format whether electronic, paper or oral) that:
 - a. is created or received by a health care provider, health plan, or health care clearinghouse; and
 - i. relates to the past, present, or future physical or mental health or condition of any individual; or
 - ii. the provision of health care to an individual; or
 - iii. the past, present, or future payment for the provision of health care to an individual.
2. **AND** there is a reasonable basis to believe the information can be used to identify the individual; **OR**
3. The information includes one or more of the following nineteen (19) identifiers (of the individual or his or her relatives, household members or even of the individual's employer):
 - a. Name
 - b. Geographic subdivisions smaller than a state (i.e., county, town or city, street address, and zip code and equivalent geocode) (note: in some cases, the initial three digits of a zip code may be used)
 - c. All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death, all ages over 89 and dates indicative of age over 89) (note: ages and elements may be aggregated into a single category of age 90 or older)
 - d. Phone numbers
 - e. Fax numbers
 - f. Email addresses
 - g. Social security number
 - h. Medical record number
 - i. Health plan beneficiary number
 - j. Account numbers
 - k. Certificate/license numbers
 - l. Vehicle identifiers and serial numbers, including license plate numbers
 - m. Device identifiers and serial numbers
 - n. URLs
 - o. Internet protocol (IP) address numbers
 - p. Biometric identifiers (e.g., fingerprints)
 - q. Full face photographic and any comparable images
 - r. Any other unique identifying number, characteristic, or code
 - s. Any other information about which UNC Health has actual knowledge that could be used alone or in combination with other information to identify the individual

B. De-identified Information Created by Removing Identifiers. Health information may be de-identified if

all of the identifiers in Paragraph A.3. above are removed regarding the individual who is the subject of the information, and all health information about the patient's relatives, employers, or household members of such individual (if any) are also removed.

- C. **De-identification through statistical analysis by an expert.** Health information may be determined to be de-identified even without the removal of all identifiers listed in Paragraph A.3. if an expert with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable, determines, after applying those methods, that the remaining health information is not identifiable and that the risk is very small that the information could be used by any recipient of the information to identify the individual who is the subject of the information.
1. Persons making a determination that information is de-identifiable must document in writing and record all analysis and information used to determine whether health information is identifiable. Such documentation must be retained for a minimum of six (6) years.
 2. The UNC Health Privacy Office must be consulted PRIOR to any efforts are taken to utilize the services of an expert who will perform such an analysis.
- D. **Actual Knowledge that Information can be Used to Identify an Individual.** If a member of the UNC Health workforce has actual knowledge that any information remaining after de-identification could be used alone or in combination with other information to identify an individual who is the subject of information, then the information is considered to be individually identifiable and may not be used or disclosed without patient authorization, even if all identifiers listed in Paragraph A.3 above have been removed.
- E. **Disclosures to a Business Associate for the Purpose of Creating De-identified Information.** A member of the UNC Health workforce may disclose individually identifiable health information to a business associate for the purpose of having the business associate create a de-identified data set.
- F. **Coded Data.** A member of the UNC Health workforce may assign a code to health information or engage in some other similar means of identifying health information to allow otherwise de-identified information to be re-identified provided that:
1. The code or other means of identification must not come from or be related to the patient's identifying information (cannot be derived from any information about the individual – and should be a randomly generated number).
 2. The code must not otherwise be capable of being translated so as to identify the patient.
 3. The UNC Health workforce member who codes the data must document the codes in writing and record all analysis and information used to re-identify health information.
 4. A member of the UNC Health workforce must not use or disclose the code or other means of record identification for any other purpose, and must not disclose the mechanism for re-identification.

Disclosure of a code or other means of record identification designed to enable coded or otherwise de-identified information to be re-identified, may be considered a disclosure of PHI if it is made to someone outside of UNC Health. A disclosure of re-identified information can only be made according to UNC Health privacy policies.

III. Definitions

Individually Identifiable Health Information – is a subset of health information, including demographic

information collected from an individual, and:

- Is created or received by health care provider, health plan, employer, or health care clearinghouse; and
- Relates to the past, present, or future physical or mental health or condition of an individual, the provision to health care to an individual, or the past, present, or future payment for the provision of health care to an individual; and: (i) that identifies the individual; (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

IV. References

45 C.F.R. §§ 164.502(d), 164.514(a) - (c)

V. Related Policies/Forms

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|---------------------------|---|---------|
| | Jerylyn Williams: Chief Audit & Compliance Ofcr | 01/2021 |
| SYSTEM Site Administrator | Emilie Hendee: HCS Attorney Sr | 01/2021 |
| | David Behinfar: HCS Exec Dir Privacy | 01/2021 |

Applicability

Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash UNC Health Care, Pardee Hospital, UNC Health Care System, UNC Lenoir Health Care, UNC Medical Center, UNC Physicians Network, UNC Rex Healthcare, UNC Rockingham Health Care, Wayne Memorial Hospital