

Uses and Disclosures of De-Identified Health Information

1. SCOPE

- 1.1. System-wide
- 1.2. Facilities and departments included in the scope are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

2. DEFINITIONS & EXPLANATIONS OF TERMS

2.1. Abbreviations

- HIPAA: Health Insurance Portability and Accountability Act
- MCHS: Marshfield Clinic Health System
- PHI: Protected Health Information

2.2. Definitions

- De-Identified Health Information: Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. De-identified Health Information is not Individually Identifiable Health Information.
- Patient: All references to the "patient" in this policy mean the patient or her/his Personal Representative as defined in the [Personal Representatives of Patients](#) policy.
- Business Associate: A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.
- Protected Health Information (PHI): The Privacy Rule protects all "*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. The Privacy Rule calls this information Protected Health Information.

◇ Individually identifiable health information: information, including demographic data, that relates to:

- the individual's past, present, or future physical or mental health or condition; **or**
- the provision of health care to the individual; **or**
- the past, present, or future payment for the provision of health care to the individual; **and**
- that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual (e.g., name, address, birth date, Social Security Number).

3. POLICY BODY

Purpose Statement: It is the policy of Marshfield Clinic Health System to allow the uses or disclosures of de-identified health information without obtaining a patient's authorization as permitted by HIPAA. De-identified health information is not individually identifiable if it does not identify an individual and if the covered entity has no reasonable basis to believe it can be used to identify an individual. Health information will be considered de-identified only if one of the two de-identification procedures set forth in this policy is followed.

It is the purpose of this policy to establish guidelines for the uses or disclosures of de-identified health information by MCHS.

3.1. Uses and Disclosures of PHI to Create De-Identified Health Information

- a. MCHS may use PHI to create de-identified health information.
- b. MCHS may disclose PHI to a business associate to create de-identified health information so long as MCHS and the business associate execute a business associate agreement in accordance with MCHS policy.
 - See policy: [Agreements with Business Associates](#)
- c. MCHS may use PHI to create de-identified health information for research purposes without obtaining either a patient's authorization for uses and disclosures of PHI for research purposes or a waiver from an Institutional Review Board/Privacy Board. This is in accordance with the HIPAA requirements and MCHS policy.
 - See policy: [Uses and Disclosures of Protected Health Information for Research](#)

3.2 Uses and Disclosures of De-Identified Health Information

- a. Health information that meets the HIPAA standard for de-identification is not considered individually identifiable health information. The HIPAA requirements do not apply to information that has been de-identified, provided that the de-identified health information cannot be re-identified.

3.3 Permitted Methods to De-Identify Health Information

- a. MCHS may determine that health information is de-identified health information only if one of the following two de-identification procedures is followed:
 - Statistical Methods, otherwise known as the "Expert Determination" Method. Health information is considered de-identified if a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
 - Determines that the risk is very small that the information could be used alone, or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and

- Documents the methods and results of the analysis to justify such determination.
- Removal of Identifiers, otherwise known as the "Safe Harbor" Method. Health information is considered de-identified if all eighteen (18) of the following identifiers of the individual or relatives, employers, or household members of the patient are removed and MCHS does not have any actual knowledge that the information could be used alone or in combination with other information to identify a patient:
 - Names (First/Last name or First initial/Last name).
 - All geographic subdivisions smaller than a state (e.g., street address, city, county, precinct, zip code and their equivalent geocodes, except for the initial three digits of a zip code, if according to the currently available data from the Bureau of the Census, the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people. If such geographic units contain 20,000 people or less, then the initial three digits of the zip codes must be changed to 000 and thus treat them as a single geographic area.)
 - All elements of dates, except year, directly related to an individual including birth date, admission date, discharge date, date of death; and for all ages over 89, all elements of date including year indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
 - Telephone numbers.
 - Fax numbers.
 - Electronic-mail addresses.
 - Social security numbers.
 - Medical record numbers.
 - Health plan beneficiary numbers.
 - Account numbers.
 - Certificate/license numbers.
 - Vehicle identifiers and serial numbers, including license plate numbers.
 - Device identifiers and serial numbers.
 - Web Universal Resource Locators (URLs).
 - Internet Protocols (IP) address numbers.
 - Biometric identifiers including finger and voice prints.
 - Full face photographic images and any comparable images.
 - Any other unique identifying number, characteristic or code, except as otherwise permitted for re-identification purposes.

3.4 Re-identification of De-Identified Health Information

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- a. Disclosure of a code or other means of record identification designed to enable coded or otherwise de-identified health information to be re-identified constitutes disclosure of PHI. If de-identified health information is re-identified, MCHS may use and disclose such re-identified information only as permitted by HIPAA and MCHS policies.
- b. MCHS may assign a code or other means of record identification to allow de-identified health information to be re-identified so long as:
 - The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual;
 - MCHS does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification; and
 - MCHS utilizes the following Honest Broker procedures to ensure proper handling of patient identity management.
 - See policy [Sharing and Transfer of Research Data](#)
 - See procedure [Honest Broker Qualifications and Preparation Procedure for External Research Data Sharing](#)

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4. ADDITIONAL RESOURCES

4.1. References:

- [HIPAA Regulations 45 CFR 164.502\(d\), 164.514\(a\)-\(c\)](#)
- [Wisconsin Statutes Section 146.82\(2\)\(20\)](#)
- [HHS guidance regarding De-identification of Protected Health Information](#)
- [Overview of Privacy Compliance Program](#)
- [HIPAA Privacy Definitions](#)
- [Agreements with Business Associates](#)
- [Uses and Disclosures of Protected Health Information for Research](#)
- [Sharing and Transfer of Research Data](#)
- [Honest Broker Qualifications and Preparation Procedure for External Research Data Sharing](#)

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5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	Policy #4456 converted to new Document Control System
2.0	Annual review. Updated Scope and MC to MCHS; updated definition of PHI; added third bullet to 3.4.b; linked procedures; and minor formatting changes.
3.0	Removed logo, updated Scope and policy links. Updated formatting, metadata fields, header, added abbreviations Updated link for HIPAA Privacy Definitions
4.0	Annual review. Removed parenthesis in 3.1 for PHI.
5.0	Annual review. No changes.
6.0	Added info after "Names" under "Removal of Identifiers" in Section 3.3.a.
7-8	See version history
9.0	DCS checklist AO to republish

6. DOCUMENT PROPERTIES

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