

PRIVACY 8.0

DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION (PHI)

Scope: All [workforce](#) members (employees and non-employees), including employed medical staff, management, and others who have direct or indirect [access](#) to patient [protected health information \(PHI\)](#) created, held or maintained by any subsidiaries of Universal Health Services, Inc., including facilities and UHS of Delaware Inc. (collectively, “UHS”), including UHS [covered entities](#) (“Facilities”).

Purpose: To provide a specific policy and procedures for the [de-identification](#) of [PHI](#) and the [uses](#) and [disclosures](#) of [de-identified](#) health information, in accordance with [HIPAA](#).

Definitions:

Terms not defined in this Policy or the *HIPAA Terms and Definitions* maintained by the UHS Compliance Office will have the meaning as defined in any related State or Federal privacy law including the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”) and regulations promulgated thereunder by the U.S. Department of Health and Human Services (“HHS”) at 45 CFR Part 160 and 164, Subparts A and E (“Privacy Regulations” or “Privacy Rule”) and Subparts A and C (“Security Regulations” or “Security Rule”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) privacy and security provisions of the American Recovery and Reinvestment Act (Stimulus Act) for Long Term Care, Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (“ARRA”), Title XIII and related regulations.

Policy:

Facilities may [use](#) and [disclose de-identified health information](#) as long as the code or other means of identification designed to permit re-identification is not [disclosed](#). Facilities may [use PHI](#) to create [de-identified health information](#). Facilities may also [disclose PHI](#) to a [business associate](#) that will [de-identify PHI](#) on behalf of the Facilities. If [de-identified health information](#) is re-identified, its [use](#) and [disclosure](#) is subject to regulation under [HIPAA](#).

Procedure:

De-Identifying PHI

[PHI](#) can be [de-identified](#) by using one of the two methods listed below:

1. All of the following identifiers of the patient or of the relatives, employers, or household members of the patient are removed (and, in addition, the Facility must not have actual

knowledge that the remaining information could be used alone or in combination with other information to identify the individual):

- Names
 - Geographic subdivision, such as street address, city, county, and zip code
 - The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and, if it has fewer than 20,000 people, the zip code is changed to 000 (example, for the zip code 73069, all areas using the zip code beginning with 730 have more than 20,000 in the aggregate)
 - All elements of dates (except year) for dates directly related to the patient, including birth date, admission date, discharge date, date of death; all ages over 89; and all elements of dates (including year) indicative of such age;
 - Telephone numbers
 - Fax Numbers
 - E-mail addresses
 - Social Security Numbers
 - Medical record numbers
 - [Health plan](#) beneficiary numbers
 - Account numbers
 - Certificate/license numbers
 - Vehicle identifiers, serial numbers, license plate numbers
 - Device identifiers and serial numbers
 - Web Universal Resource Locators (URLs)
 - Internet Protocol (IP) address numbers
 - Biometric identifiers, including fingerprints and voiceprints
 - Full face photographic images and other comparable images
 - All other unique identifying numbers, characteristics, or codes
2. Alternatively, a biostatistician or other person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable must apply such principles and methods and determine 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 the individual who is the subject of the information.

The person making this determination must be an independent third party and must provide written documentation of the methods and results of the analysis that justify a determination 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. The documentation should be

filed with the original copies of the information in a secure location. If the information is in electronic form or consists of biological materials, the documentation should be filed in the Facility's files in a secure location.

It is the responsibility of the Facility to assure that all identifiers are removed in accordance with the *De-Identification Checklist* (attached to this Policy as Exhibit A).

Unless **de-identifying** material permanently for archival purposes, an un-redacted version of the information should be maintained at all times. Information on paper should therefore be copied BEFORE it is redacted, and ONLY THE COPIES should be redacted. Likewise, the original retained version of electronic information and information in other media should not be redacted in any permanent way.

Uses and Disclosures to Create De-Identified PHI

A Facility may use **PHI** to create information that is not individually identifiable health information or disclose **PHI** only to a business associate for such purpose, whether or not the de-identified information is to be used by the Facility.

Re-Identification

The Facility may assign a code or other means of record identification to allow **de-identified health information** to be re-identified, provided that:

- 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; and
- The code and/or mechanism for re-identification is not **used** or **disclosed** for any other purpose.

If **de-identified health information** is re-identified, such re-identified information is **PHI** and may be **used** or **disclosed** only as permitted or required by **HIPAA** and UHS and Facility policies.

References:

45 C.F.R. § 164.502(d)

45 C.F.R. § 164.514(a)

Related UHS Privacy Policies

UHS Privacy 24.0 *Overview of the Uses and Disclosures of PHI*

Revision Dates: 10-12-2017; 11-16-2015;
07-22-2013

Implementation Date: 07-25-2011

Reviewed and Approved by:

UHS Compliance Committee

Exhibit A: De-Identification Checklist

- Names
- All geographic subdivisions smaller than a State, including:
 - street address
 - city
 - county
 - precinct
 - zip codes and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly-available data from the Bureau of the Census: (1) the geographic unit 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 all such geographic units containing 20,000 or fewer people is changed to 000.
- 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 all elements of dates (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
- E-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 Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying numbers, characteristics, or codes, except a code or other means of record identification assigned solely to allow de-identified information to be re-identified (as 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; and the code and/or mechanism for re-identification is not used or disclosed for any other purpose.)

I certify that the information I will use and/or disclose contains none of the above identifiers and that I have no actual knowledge that the information could, alone or in combination, be used to identify any individual subject of the information.

Print Name

Signature

Date