## Purpose

To establish the procedures for converting individually identifiable Protected Health Information (“PHI”) into information that no longer reveals the identity of any patient.

## Policy

When patient PHI is used or disclosed for purposes other than treatment, payment, or health care operations and/or without patient or personal representative authorization, the PHI must be converted into a format that does not identify the patient. This conversion process is called de-identification of PHI.

The HIPAA Privacy Rule does not apply to de-identified health information.

[COVERED ENTITY] meets the de-identification standard if it has removed all of the required identifiers and if [COVERED ENTITY] has no actual knowledge that the information could be used to identify a patient.

## Procedure

1. [COVERED ENTITY] will convert patient PHI into a format that does not identify the patient (de-identify) when:
	1. PHI is used or shared for purposes other than treatment, payment, or health care operations, or
	2. Information is used or shared without patient authorization.
2. [COVERED ENTITY] will de-identify the PHI by one of the following methods:
	1. Elimination of all identifiers:
		1. Names.
		2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code and their equivalent geocodes, except for the initial three digits of a zip code if the geographic area contains more than 20,000 people. If less than 20,000 people are found to be in this area based on the first three digits of the zip code, the code must be changed to 000.
		3. All elements of dates (except year) for date directly related to a patient including birth date, admission date, discharge date, date of death: and all ages over 90 and al 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.
		4. Telephone numbers.
		5. Fax numbers.
		6. Electronic mail address.
		7. Social security numbers.
		8. Medical Record numbers.
		9. Health plan beneficiary numbers.
		10. Account numbers.
		11. Certificate/license numbers.
		12. Vehicle identifiers and serial numbers, including license plate numbers.
		13. Device identifiers and serial numbers.
		14. Web Universal Resource Locators (URLs).
		15. Internet Protocol (IP) address numbers.
		16. Biometric identifiers, including finger and voiceprints.
		17. Full face photographic images and any comparable images.
		18. Any other unique identifying number, characteristic, or code.

**Note:** In addition to removing the above identifiers, [COVERED ENTITY] must not have actual knowledge that the information could be used alone or in combination with other information to identify a patient who is a subject of the information.

* 1. Statistical De-Identification: A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable applies such principles and determines that the risk is very small that the information could be used to identify the patient. The methods and the results of the analysis must be documented.
	2. Re-Identification: [COVERED ENTITY] may assign a code that would allow the information to be re-identified by [COVERED ENTITY] as long as the code is not derived from or related to information about the patient and is not otherwise capable of being translated so as to identify the patient. [COVERED ENTITY] must not use or disclose the code or any other means of record identification for any other purpose and must not disclose the mechanism for re-identification.