

<b>CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL</b>		Chapter:	1.4.2.7
Title:	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT	Page:	1 of 5
		Date Effective:	April 14, 2003
Subject:	De-identification and Limited Data Sets	Date Revised:	October 14, 2011
		Authorizing Signature:	

**AUTHORITY:** Authorizing Source: RCW 70.02 45 CFR 164 (HIPAA)

**SCOPE:** This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

**PURPOSE:** The Chelan-Douglas Regional Support Network, in compliance with the Privacy Rules of HIPAA's Administrative Simplification provisions, sets out in this policy, the process for creating and using de-identified health information and limited data sets.

**DEFINITIONS:** See 1.3.2.0

**POLICY:** The Chelan-Douglas Regional Support Network will create de-identified health information for use or disclosure in any circumstance where that information can be used, effectively and efficiently, in place of PHI. We will consider PHI to be de-identified health information if it meets one of the two following criteria:

1. A qualified statistician (a person with appropriate knowledge and experience with generally accepted statistical and scientific principles and methods), applying such principles and methods has determined 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 and documents the methods and results of the analysis that justify such determination.
2. All of the following identifiers have been removed and CDRSN does not have actual knowledge that the remaining information could be used, alone or with other information, to identify an individual who is the subject of the information:
  - a. Names of individual, relatives, or household members
  - b. Geographic subdivisions smaller than a state, except for the initial 3 digits of a zip code for geographic area with more than 20,000 people;
  - c. All elements of dates (including birth, admission and discharge dates, and dates of death), except for the year, for all individuals

- under 89, and all elements of dates for those over 89 except for presentation as a single over-90 category;
- d. Telephone or fax numbers or e-mail addresses, URLs or IP addresses;
  - e. Social security numbers;
  - f. Medical record numbers;
  - g. Health plan beneficiary numbers;
  - h. Account numbers;
  - i. Certificate or license numbers;
  - j. Vehicle identifiers and serial numbers;
  - k. Device identifiers and serial numbers;
  - l. Biometric identifiers such as finger or voice prints;
  - m. Full face photographic images and the like; or
  - n. Any other unique identifying number, code, or characteristic except for a re-identification code.

The re-identification code may not be derived from or related to information about the individual and may not be otherwise translatable to identify the individual. We will not use or disclose the code for any purpose, nor the means of re-identification.

The Chelan-Douglas Regional Support Network will create limited data sets for use or disclosure in any circumstance where that information can be used, effectively and efficiently for research, public health or health care operations.

We will consider PHI to be in the form of a limited data set if it excludes the following direct identifiers of our clients, their relatives, employers, or household members:

1. Names;
2. Postal address information, other than town or city, state, and zip code;
3. Telephone numbers;
4. Fax numbers;
5. Electronic mail addresses;
6. Social security numbers;
7. Medical record numbers;
8. Health plan beneficiary numbers;
9. Account numbers;
10. Certificate/license numbers;
11. Vehicle identifiers and serial numbers, including license plate numbers;
12. Device identifiers and serial numbers;
13. Web Universal Resource Locators (URLs);
14. Internet Protocol address numbers;
15. Biometric identifiers, including finger and voice prints; and
16. Full face photographic images and any comparable images.

Any use or disclosure that we make of a limited data set must take place pursuant to a data use agreement. This data use agreement must include the following requirements:

1. that the limited data set recipient(s) will use or disclose information for the limited purposes described in the agreement and not further disclose the information in a way that would be inconsistent with the privacy regulation;
2. that only the recipient(s) specified in the agreement may use or receive the limited data set;
3. that the recipient(s) will not use or further disclose the information in a manner that violates the data use agreement or the law and will use appropriate safeguards to prevent any uses or disclosures other than the permitted uses or disclosures;
4. that the recipient(s) will report to the covered entity any use or disclosure of PHI in the limited data set, which is not included in the data use agreement, of which it becomes aware;
5. that the recipient(s) will assure that any subcontractor who is provided with a limited data set agrees to the same restrictions and conditions as apply to the recipient(s); and
6. that the recipient(s) will not identify the information or contact the individuals.

Should we become aware of a pattern of activity or practice by a recipient that constitutes a material breach of the data use agreement, we will discontinue disclosure to that recipient and report the problem to the Secretary of HHS.

#### PROCEDURE:

1. With the exception of treatment and payment information where the identity of the individual is critical, each time PHI is used or disclosed by the Chelan-Douglas Regional Support Network the person handling the PHI should consider whether the PHI could reasonably be de-identified and still be used for the purpose of the disclosure or whether or not a limited data set might substitute for the PHI requested. There are, for example, some QI operations where de-identified or limited data can be as useful as data that is individually identifiable. Also some reports to outside payers or funders could contain de-identified information and comply with our contractual requirements. The process of considering whether or not the information could be reasonably de-identified or could be disclosed in a limited data set is in keeping with our minimum necessary policy and should consider the cost / benefit of the de-identification procedures. Please see Policy for the Minimum Necessary standards.
2. Staff persons disclosing PHI for internal or external purposes should:

- a. Determine if the PHI should be de-identified or disclosed only as a limited data set prior to its disclosure either internally or externally. See above re: minimum necessary.
- b. If the PHI is to be de-identified, determine if it can reasonably be de-identified in one of two ways:
  - i. Removal of all identifying elements listed in the policy above.
  - ii. Engagement of a qualified statistician to determine if the PHI alone or in combination with other reasonably available information could be used by the recipient to identify the individual.
- c. If the PHI will be disclosed only as a limited data set, determine how best to remove the required identifying information listed in the policy above.
- d. If b.i. or c. above is determined to be a reasonable course of action, the staff person should remove the identifying elements or direct that they be removed. The person responsible for the disclosure will be held accountable for the content of the disclosure. Any staff person delegating the task of de-identification or the creation of a limited data set to another staff person should carefully review the results of this work before releasing the information.
- e. If b.ii. above is determined to be the only reasonable course of action, the staff person must contact the Privacy Officer/designee who will be responsible for determining if the qualified statistician should be engaged and for managing the engagement.
- f. If c. above is chosen and the information will be released as a limited data set, the staff person responsible for the disclosure must ensure that a “data use agreement” is negotiated and signed before the disclosure is made. The data use agreements must be developed in conjunction with and approved by the Privacy Officer/designee and the organization’s legal counsel. See policy above for required elements of a data use agreement.
  - i. If any staff person becomes aware that the recipients of a limited data set are in breach of the agreement, they must notify the Privacy Officer/designee at once. The Privacy Officer/designee will ensure that immediate steps are taken to cease further disclosures and will report the breach to the Secretary of HHS.
- g. If either b.i or ii or c. is chosen, the Chelan-Douglas Regional Support Network may wish to develop a key that would allow the information to be re-identified. This re-identification code may not be derived from or related to information about the individual(s) and may not be otherwise translatable to identify the individual(s). The code will not be disclosed nor the means for

re-identification for any purpose.

- i. The staff person responsible for the disclosure should document the de-identification process and the key for re-identifying the information and keep a copy in the file that contains a copy of the de-identified PHI disclosed. This file must be secured according to Chelan-Douglas Regional Support Network procedures for securing PHI not held in the designated record set.
- ii. If an outside statistician is involved in the de-identification, including development or evaluation of the re-identification key, their contract with the Chelan-Douglas Regional Support Network will specify their obligations with regards to the privacy and security of the PHI they must use to complete their work through a Business Associate Agreement. The Privacy Officer/designee or a designee will be responsible for monitoring the work of the statistician and for maintaining all documentation including any re-identification keys as described in g.i. above.

Documentation retention requirements include:

Policies and procedures for de-identification and limited data sets  
Statistical documentation supporting a de-identified record set

SEE ALSO: Administrative requirements – documentation retention