I. Title

*Use and Disclosure of PHI for Limited Data Sets*

II. Policy

UTMB has a duty to protect the confidentiality and integrity of PHI as required by law, professional ethics, and accreditation requirements. UTMB may use PHI to create a limited data set or UTMB may disclose PHI to a business associate in order to create a limited data set. However, business associates may not disclose information in a limited data set without UTMB approval. Information in a limited data set may only be used or disclosed for the purposes of research, public health, or health care operations and only if UTMB enters into a data use agreement with the limited data set recipient.

Before executing a Data Use Agreement, contact the Office of Legal Affairs, Office of Institutional Compliance or Research Services. These groups will assist in the process and can provide a template for UTMB’s standard Data Use Agreement.

Violation of this policy may result in disciplinary action up to and including termination for employees; a termination of employment relationship in the case of contractors or consultants; or suspension or expulsion in the case of a student. Additionally, individuals may be subject to loss of access privileges and civil and/or criminal prosecution.

III. Creation of a Limited Data Set

To create a limited data set all the direct identifiers listed below must be removed for the individual and relatives, employers, or household members of the individual:

1. Names;
2. Street addresses and post office box;
3. Telephone numbers;
4. Fax numbers;
5. Electronic mail addresses;
6. Social security numbers;
7. Medical record numbers (UH number);
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 (IP) address numbers;
15. Biometric identifiers, including finger and voice prints;
16. Full face photographic images and any comparable images; and
17. Any other unique identifying number, characteristic, or code.
A **limited data set** could include identifiable information such as:

1. Admission, discharge and service dates;
2. Date of death;
3. Date of birth;
4. Age;
5. Geographic information such as city, county, state, or zip code.

**IV. Data Use Agreement**

UTMB may use or disclose a limited data set only if it obtains a fully executed data use agreement. A data use agreement must:

1. Clearly state the permissible uses and disclosures of PHI within the **limited data set** as stated above. The data use agreement may not authorize the **limited data set** recipient to use or further disclose the information in a manner that would violate the requirements;
2. Establish who is permitted to use or receive the **limited data set**; and
3. Provide that the limited data set recipient will:
   a. Not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law;
   b. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the data use agreement;
   c. Report to UTMB any use or disclosure of the information not provided for by its data use agreement of which it becomes aware;
   d. Ensure that any agents, including a subcontractor, to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to such information;
   e. Not attempt to identify or contact the individuals from the information contained in the limited data set.

A template for UTMB’s standard Data Use Agreement is available by contacting the Office of Legal Affairs, Office of Institutional Compliance, or Research Services.

**V. Compliance**

UTMB is not in compliance with this policy if UTMB knows of a pattern of activity or practice of the limited data set recipient that constituted a material breach or violation of the data use agreement, unless UTMB took reasonable steps to remedy the breach or end the violation. If UTMB was unable to remedy the breach or end the violation, UTMB must:

1. Discontinue disclosure of protected health information to the recipient; and
2. Report the problem to UTMB’s Office of Institutional Compliance, who will contact the Department of Health and Human Services if appropriate.

If UTMB is a **limited data set** recipient, UTMB must act in compliance with this policy.

**VI. Definitions**

**Health Care Operations:** Are activities related to UTMB’s functions as a health care provider, including general administrative and business functions necessary for UTMB to remain a viable health care provider. For a more detailed definition see IHOP 06.02.00, *Maintaining Patient Confidentiality through the Appropriate Use and Disclosure of PHI*.

**Limited Data Set:** A limited amount of Protected Health Information (PHI) that may be used and disclosed for research, **public health** or **health care operations**. See **Creation of a Limited Data Set** in this policy for details.
Public Health Authority: An agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from a public agency that is responsible for public health matters as part of its official mandate.

Research: A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge. Activities which meet this definition constitute research for purposes of this policy whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

VII. Relevant Federal and State Statutes
45 C.F.R. §164.514(e)

VIII. Related UTMB Policies and Procedures
IHOP - 06.02.00 - Maintaining Patient Confidentiality through the Appropriate Use and Disclosure of PHI
IHOP - 06.02.39 - Privacy Incident Response and Breach Notification

IX. Dates Approved or Amended

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<td>2/24/2015</td>
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X. Contact Information
Office of Institutional Compliance
(409)747-8700