I. Title
De-Identification of PHI

II. Policy
UTMB has a duty to protect the confidentiality and integrity of PHI as required by law, professional ethics, and accreditation requirements.

When identifying characteristics are completely removed from PHI and is rendered anonymous the information is considered de-identified. Information that has been de-identified in accordance with this policy is no longer PHI and is not be subject to the same requirements as PHI.

Whenever possible, de-identified PHI shall be used by UTMB workforce members.

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. Guidelines
All personnel must strictly observe the following guidelines relating to the de-identification of PHI:

A. De-identification requires the elimination of primary or obvious identifiers and secondary identifiers through which a user could determine the patient’s identity. For information to be de-identified the following identifiers of the individual (and/or of relatives, employers, or household members of the individual) must be removed:

   i. Names;
   ii. Address information smaller than a state, including street address, city, county, zip code (Except if by combining all zip codes with the same initial three digits, there are more than 20,000 people.) If there is a question regarding the permissive use of a zip code, contact the IRB or the Privacy Office;
   iii. Names of relatives and employers;
   iv. All elements of dates (except year), including DOB, admission date, discharge date, date of death; and 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;
   v. Telephone numbers;
   vi. Fax numbers;
   vii. Email addresses;
   viii. Social Security Number (SSN);
   ix. UH number (medical record number);
   x. Health beneficiary plan number;
xi. Account numbers;  

xii. Certificate/License Number;  

xiii. Vehicle identifiers, including license plate numbers;  

xiv. Device ID and serial number;  

xv. Universal Resource Locator (URL);  

xvi. Identifier Protocol (IP) addresses;  

xvii. Biometric identifiers, including finger and voice prints;  

xviii. Full face photographic images and comparable images; and  

xix. Any other unique identifying number characteristic or code.

B. UTMB has developed a De-identification Checklist to assist employees in determining whether the necessary identifiers have been removed to render the information de-identified.

C. The information is not de-identified if all of the identifiers above have been removed but UTMB has any actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

D. Whenever possible, de-identified PHI should be used for quality assurance monitoring and routine utilization reporting. If de-identified PHI cannot be used, a limited data set should be used whenever possible. See IHOP 6.2.13, Uses and Disclosures of PHI for Limited Data Sets.

E. PHI used for research, including public health research, should be de-identified at the point of data collection for research protocols approved by the IRB, unless the participant voluntarily and expressly consents to the use of his/her personally identifiable information or an IRB waiver of authorization is obtained. If de-identified PHI cannot be used for research, a limited data set should be used whenever possible. See IHOP 6.2.13, Uses and Disclosures PHI for Limited Data Sets.

F. If an authorized user wishes to encrypt PHI when creating de-identified information the authorized user must ensure that:

i. 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  

ii. UTMB does not use or disclose the code or other means of record identification for any purpose and does not disclose the mechanism for re-identification.

G. If de-identified Information is re-identified by UTMB, a Business Associate or other valid requestor, the re-identified information is considered PHI and must be treated as such.

IV. Definitions

Authorized User: An individual that is granted access to Protected Health Information (PHI) through an authorization or IRB waiver or an individual who is performing an activity related to health care operations.

De-identification: Health information that does not identify an individual in any manner with no reasonable basis to believe that the information can be used to identify the individual.

Health Care Operations: 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 6.2.0 General Policy on the Use and Disclosure of
PHI.

Institutional Review Board (IRB): An administrative body established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted under the auspices of the organization with which it is affiliated. The Institutional Review Board has the authority to approve, require modifications in, or disapprove all research activities that fall within its jurisdiction.

Limited Data Set: A compromise between PHI and de-identified information. For use only in public health, research, and health care operations. For a more detailed definition see IHOP 6.2.13 Use and Disclosure of PHI for Limited Data Sets.

Protected Health Information (PHI): Individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to:

1) The past, present, or future physical or mental health, or condition of an individual;
2) Provision of health care to an individual; or
3) Past, present, or future payment for the provision of health care to an individual.

Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual. Demographic information of patients is also considered PHI.

V. Relevant Federal and State Statutes
45 C.F.R. §164.502(d)
45 C.F.R. §164.514
45 C.F.R. §164.512(i)

VI. Related UTMB Policies and Procedures
IHOP 6.2.13 Use and Disclosure of PHI for Limited Data Sets

VII. Dates Approved or Amended

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<td>Substantive Revisions</td>
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VIII. Contact Information
Office of Institutional Compliance
(409) 747-8700