



## HIPAA Policy 1.2

<b>Title:</b>	<b>De-identification of Information</b>
<b>Source:</b>	<b>Office of Regulatory Compliance</b>
<b>Prepared by:</b>	<b>Assistant Vice Chancellor for Regulatory Affairs</b>
<b>Approved by:</b>	<b>Vice Chancellor for Research</b>
<b>Effective Date:</b>	<b>July 1, 2013</b>
<b>Replaces:</b>	<b>02/26/03</b>
<b>Applies:</b>	<b>All UCD campuses</b>

---

## Introduction

### *Purpose*

This policy states that health information that does not identify an individual is not individually identifiable health information (IIHI).

If information is de-identified, there should be no reasonable basis to believe that the information could be used to identify an individual. Such de-identified information is not subject to the HIPAA Privacy Rules.

This policy also defines the requirements for de-identification of health information and the situations in which a covered entity may determine that health information is not IIHI.

**Reference** 45 C.F.R. § 164.514(a) - (c)

### *Applicability*

This policy is applicable to anyone at the UCD who manages or maintains PHI and may be asked to disclose PHI. It is the responsibility of all individuals at the UCD who collect, use, manage or disclose PHI, to comply with UCD policies and procedures on PHI or covering de-identification of PHI in order to ensure there shall be no reasonable basis to believe that any de-identified health information can be used to identify

an individual. Any information that has been de-identified does not have to comply with HIPAA when being used or disclosed.

## Policy

It is the responsibility of all individuals at the UCD who collect, use, manage or disclose PHI, to comply with UCD policies and procedures on PHI or covering de-identification of PHI in order to ensure there shall be no reasonable basis to believe that any de-identified health information can be used to identify an individual.

Any information that has been de-identified does not have to comply with HIPAA when being used or disclosed.

## Procedures

### Requirements for De-identification of PHI

The UCD may determine that health information is not IIHI and that the requirements for de-identification of PHI have been followed if:

1. A person with appropriate knowledge of and experience with statistical and scientific principles and methods de-identifies the PHI by:
  - (i) Identifying and applying appropriate principals and methods, such a person determines that the risk is very small that the information could be used, alone or in combination with other available information, by an anticipated recipient, to identify an individual who is a subject of the information; and
  - (ii) Documenting the methods and results of the analysis that justify such determination; **or**
2. (i) If the following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:
  - (a) Names;
  - (b) 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, 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".

(c) 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 (such ages may be aggregated into a single category of age 90 or older);

(d) Telephone numbers;

(e) Fax numbers;

(f) Electronic mail addresses;

(g) Social security numbers;

(h) Medical record numbers;

(i) Health plan beneficiary numbers;

(j) Account numbers;

(k) Certificate/license numbers;

(l) Vehicle identifiers and serial numbers, including license plate numbers;

(m) Device identifiers and serial numbers;

(n) Web Universal Resource Locators (URLs);

(o) Internet Protocol (IP) address numbers;

(p) Biometric identifiers, including finger and voice prints;

(q) Full face photographic images and any comparable images; and

(r) Any other unique identifying number, characteristic, or code; except as permitted by paragraph C (below) of this section; and

- (ii) The UCD does not have 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.

C. Re-identification

Codes or other means of identification may be assigned to the data record to allow information de-identified under this section to be re-identified by the UCD, provided that:

1. Derivation. The code or other means of record identification is not derived from or related to information about the individual and cannot be translated so as to identify the individual; and
2. Security. The UCD does not use or disclose the code or means of record identification for any other purpose, and does not disclose the mechanism for re-identification.