

Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	De-Identification	Policy No. 5009.01
Category:	HIPAA Privacy & Security	Date Adopted: 1/10/2020 Date Revised: 8/13/2021 Date Reviewed: 8/13/2021
Reference:	Washington Health Care Authority Contract with Great Rivers Behavioral Health Organization HHS Guidance Regarding Methods for De-identification of Protected Health Information in Accordance with the HIPAA Privacy Rule (Nov. 26, 2012) 45 CFR 164.514(a), (b), (c)	

POLICY:

- 1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) and its network providers 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.
- 1.2. Great Rivers BH-ASO will consider PHI to be *de-identified health information* if it meets one of the two following criteria.
 - 1.2.1. A person with appropriate knowledge and experience with generally accepted statistical and scientific principles and methods has determined and documented that the risk is very small that the information could be used alone, or in combination with other reasonably available information, to identify an individual.
 - 1.2.2. All of the following identifiers have been removed and Great Rivers BH-ASO or its network providers do 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:
 - 1.2.2.1. Names of individual, relatives, or household members;
 - 1.2.2.2. 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;
 - 1.2.2.3. 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;
 - 1.2.2.4. Telephone or fax numbers or e-mail addresses, URLs or IP addresses;
 - 1.2.2.5. Social security numbers;
 - 1.2.2.6. Medical record numbers;
 - 1.2.2.7. Health plan beneficiary numbers;
 - 1.2.2.8. Account numbers;
 - 1.2.2.9. Certificate or license numbers;
 - 1.2.2.10. Vehicle identifiers and serial numbers;
 - 1.2.2.11. Device identifiers and serial numbers;
 - 1.2.2.12. Biometric identifiers such as finger or voice prints;
 - 1.2.2.13. Full face photographic images and the like; or
 - 1.2.2.14. Any other unique identifying number, code or characteristic.
 - 1.2.3. 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. Great Rivers BH-ASO and its network providers will not use or disclose the code for any purpose, nor the means of re-identification.

- 1.2.4. Great Rivers BH-ASO or a network provider 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.
- 1.2.5. PHI is considered to be in the form of a limited data set if it *excludes* the following direct identifiers of our Individual in Service, their relatives, employers or household members:
- 1.2.5.1. Names;
 - 1.2.5.2. Postal address information, other than town or city, state, and zip code;
 - 1.2.5.3. Telephone numbers;
 - 1.2.5.4. Fax numbers
 - 1.2.5.5. Electronic mail addresses;
 - 1.2.5.6. Social security numbers;
 - 1.2.5.7. Medical record numbers;
 - 1.2.5.8. Health plan beneficiary numbers;
 - 1.2.5.9. Account numbers;
 - 1.2.5.10. Certificate/license numbers;
 - 1.2.5.11. Vehicle identifiers and serial numbers, including license plate numbers;
 - 1.2.5.12. Device identifiers and serial numbers;
 - 1.2.5.13. Web Universal Resource Locators (URLs);
 - 1.2.5.14. Internet Protocol address numbers;
 - 1.2.5.15. Biometric identifiers, including finger and voice prints; and
 - 1.2.5.16. Full face photographic images and any comparable images.
- 1.2.6. Any use or disclosure of a limited data set must take place pursuant to a Data Use Agreement. This Data Use Agreement must include the following requirements that:
- 1.2.6.1. The limited data set recipient(s) will use or disclose information for the limited purposes described in the Agreement and further disclose the information only in a way that would be consistent with the privacy regulation as it would apply to the agency;
 - 1.2.6.2. Only the recipient(s) specified in the agreement may use or receive the limited data set;
 - 1.2.6.3. 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;
 - 1.2.6.4. Recipient(s) will report to the covered entity any use or disclosure of which it becomes aware, of PHI in the limited data set which is not included in the Data Use Agreement;
 - 1.2.6.5. 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
 - 1.2.6.6. Recipient(s) will not identify the information or contact the individuals.
- 1.2.7. Should Great Rivers BH-ASO or a network provider become aware of a pattern of activity or practice by a recipient that constitutes a material breach of the Data Use Agreement, they will discontinue disclosure to that recipient and report the problem to appropriate officials.
- 1.2.7.1. Documentation retention requirements include:
 - 1.2.7.1.1. Policies and procedures for de-identification and limited data sets; and
 - 1.2.7.1.2. Statistical documentation supporting a de-identified record set.

PROCEDURE:

2.1. De-Identification

- 2.1.1. With the exception of treatment, payment, and health care operations information where the identity of the individual is critical, each time PHI is used or disclosed by Great Rivers BH-ASO, or a network provider, 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 Quality Improvement 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 Great Rivers BH-ASO 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 Great Rivers BH-ASO Policy 5008, Minimum Necessary. The cost / benefit of the de-identification procedures should also be considered.
- 2.1.1.1. Staff disclosing PHI for internal or external purposes should:
- 2.1.1.1.1. 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 Policy 5008;
- 2.1.1.1.2. If the PHI is to be de-identified, determine if it can reasonably be de-identified by removal of all identifying elements listed in Policy 5008, Minimum Necessary;
- 2.1.1.1.3. If the PHI will be disclosed only as a limited data set, determine how best to remove the required identifying information listed in Policy 5008, Minimum Necessary;
- 2.1.1.1.4. If the approach to de-identification is determined to be a reasonable course of action, staff 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 delegating the task of de-identification or the creation of a limited data set to another staff should carefully review the results of this work before releasing the information;
- 2.1.1.1.5. If the information will be released as a limited data set, the staff responsible for the disclosure must ensure that a Data Use Agreement is negotiated with the outside party and signed before the disclosure is made;
- 2.1.1.1.5.1. If any staff person becomes aware that the recipients of a limited data set are in breach of the agreement, he/she must notify the Privacy Officer at once. The Privacy Officer will ensure that immediate steps are taken to cease further disclosures and will report the breach to the Secretary of HHS.
- 2.1.1.1.6. If any information is released by any of the means described above, Great Rivers BH-ASO and its providers will 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;

2.1.1.1.6.1. The de-identification process and the key for re-identifying the information should be documented by the responsible staff person and filed with the de-identified PHI disclosed. This file must be secured according to provider procedures for securing PHI not held in the designated record set.

2.1.2. Documentation retention requirements include:

2.1.2.1. Policies and procedures for de-identification;

2.1.2.2. Statistical documentation supporting a de-identified record set.

2.1.3. Other policies and procedures to review that are related to this policy:

2.1.3.1. Administrative requirements – documentation

POLICY SIGNATURE

DocuSigned by:
Trinidad A. Medina
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11/4/2021

Trinidad Medina,
Chief Executive Director

Date