BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 13	Corporate Compliance
Section: 1	HIPAA
Topic: 15	De-identification of Protected Health Information

Page: 1 of 5	Supersedes Date: Pol: Proc:	Approval Date: Pol: 8-15-13 Proc: 8-15-13	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy Rule by ensuring that transmission of protected health information (PHI), or data sets containing PHI, use de-identification processes when used as resources for performance and quality management and endeavors of like nature. The process of de-identification, by which identifiers are removed from the health information, mitigates privacy risks to individuals and thereby supports the secondary use of data.

Purpose

This policy and procedure is established to define the two acceptable methods, Expert Determination and Safe Harbor, for de-identifying PHI when necessary and under which the uses or disclosures of de-identified PHI are not restricted, since it is no longer considered to be PHI.

Education Applies to:

☒ All BABHA Staff
☐ Selected BABHA Staff, as follows:
☒ All Contracted Providers: ☐ Policy Only   ☒ Policy and Procedure
☐ Selected Contracted Providers, as follows:
    ☐ Policy Only   ☐ Policy and Procedure
☐ BABHA's Affiliates: ☐ Policy Only   ☐ Policy and Procedure
☐ Other:

Definitions

De-identified PHI: Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

Health Information: Any information, whether oral or recorded in any form, that is created or received by BABHA and relates to an individual's past, present, or future physical or mental health, or to the payment for such health care.

Individually Identifiable Health Information: Health information, including demographic information that identifies an individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

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Protected Health Information (PHI): Individually identifiable health information transmitted by or maintained in an electronic media format (EPHI) or transmitted or maintained in any other form or medium, including oral and/or paper.

Re-identification: A de-identification strategy that helps to minimize information loss resulting from de-identification.

Procedure

A. De-identification for Data Sets

1. Health information in a data set is not individually identifiable health information only if an expert determines 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 who is a subject of the information.

2. In order to make this determination, a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information will review the data set and make a recommendation of determination to the BABHA Corporate Compliance Officer (CCO).

3. The person will document his or her methods and results of the analysis that justifies such a determination and will share this information with the CCO via email.

B. De-identification for PHI other than Data Sets

1. The Safe Harbor method requires that certain criteria must be met:

   a. The following identifiers of the individual, relatives, employers, or household members of the individual, must be removed:

      i. Names

      ii. All geographic subdivisions smaller that a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three (3) digits of the 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 (3) initial digits contains more than 20,000 people, and

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2) The initial three (3) digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000

3) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements many be aggregated into a single category of age 90 or older

 iii. Telephone numbers

 iv. Fax numbers

 v. Email addresses

 vi. Social security numbers

 vii. Medical record numbers

 viii. Health plan beneficiary numbers

 ix. Account numbers

 x. Certificate/license numbers

 xi. Vehicle identifiers and serial numbers, including license plate numbers

 xii. Device identifiers and serial numbers

 xiii. Web Universal Resource Locators (URLs)

 xiv. Internet Protocol (IP) addresses

 xv. Biometric identifiers, including finger and voice prints

 xvi. Full-face photographs and any comparable images

 xvii. Any other unique identifying number, characteristic, or code, except as permitted under re-identification specifications

b. BABHA must 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.

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C. Re-Identification

1. The HIPAA Privacy Rule recognizes that de-identification leads to information loss, which may limit the usefulness of the resulting health information under certain circumstances. The Privacy Rule thus permits re-identification subject to implementation specifications.

2. Re-identification involves the assignment of a unique code to a set of de-identified health information to permit re-identification by the covered entity. BABHA may assign a code or other means of record identification providing the following two (2) specifications are implemented:

   a. Derivation specification: the code or other means of record identification is neither derived from nor related to information about the individual and is not otherwise capable of being translated so as to identify the individual, and:

   b. Security specification: BABHA does not use or disclose the code or other means of record identification for any other purpose and does not disclose the mechanism for re-identification.

3. If BABHA successfully undertakes an effort to identify the subject of de-identified information it maintained, the health information now related to a specific individual would again be protected by the Privacy Rule as it would once more meet the definition of PHI.

D. Other Requirements

1. PHI cannot be transmitted outside of the BABHA technology network unless de-identified or encrypted (see BABHA Policy and Procedure, C09-S05-T05 Encryption and Decryption and Attachment 2 – BABHA Information Systems Network List).

2. The CCO, or designee, must be consulted regarding any projects which involve either de-identification or re-identification of data sets containing PHI.

Attachments

Related Forms

N/A

Related Materials

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- Guidance Regarding Methods for De-identification of PHI in Accordance with the HIPAA Privacy Rule
- BABHA Information Systems Network List

References/Legal Authority

- Guidance Regarding Methods for De-identification of PHI in Accordance with the HIPAA Privacy Rule
- HIPAA Privacy Rule §164.514(a) - (d)

				SUBMISSION FORM	
AUTHOR/ REVIEWER	APPROVING BODY/ COMMITTEE/ SUPERVISOR	APPROVAL/ REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION If replacement, list policy to be replaced
M. Wolber, J. Pinter	CCP/SLT	06/27/13	New	Defines policy/procedures for de-identifying and re-identifying PHI under HIPAA Privacy Rule
J. Pinter	Corporate Compliance Committee	8/19/2021	Revised	Moved attachments to related materials; no other changes.