

DE-IDENTIFICATION OF HEALTH INFORMATION RESEARCH FACT SHEET

Protected Health Information is de-identified if the health information does not identify an individual and there is no reasonable basis to believe that the information can be used to identify individual. **PHI must be DE-IDENTIFIED by one of the following two methods:**

1. The following identifiers of the patient, or of the relatives, employers, or household members of the patient, are removed:
 - a. Names;
 - b. Street address, city, county, precinct, state, and zip code;
 - i. Under certain circumstances, the first three digits of a zip code may not be an identifier. Consult with the Privacy Officer for guidance.
 - c. All elements of dates (except year) directly related to patient, including birth date, admission date, discharge date, and date of death.
 - d. Telephone numbers;
 - e. Facsimile 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 other comparable images; and
 - r. Any other unique identifying number, characteristic, or code.
 - i. The hospital may assign a code or other means of record identification to allow de-identified information to be re-identified. If it does so, then the code or the mechanism for re-identification:
 - ii. must not be derived from or related to information about the patient and must not be otherwise capable of identifying the patient; and
 - iii. must not be disclosed for any other purpose.
2. Patient information may be de-identified by obtaining the advice and expertise of a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable (“Expert”).
 - a. The Expert must apply generally accepted statistical and scientific principles and methods and determine 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 the subject of the information; and
 - b. Prior to the IRB approving the use or disclosure of de-identified information for research, the Expert must submit his/her Curriculum Vitae and must document the methods and results of the analysis that justify such determination. The written documentation must be reviewed by the IRB and Research Administration must issue a Ready-to-Accrue letter prior to use or disclosure of de-identified information.