ADMINISTRATIVE PRACTICES MANUAL

De-Identification Policy

PURPOSE

To establish procedures for de-identifying (also known as redacting) Protected Health Information (PHI) to allow for its use and disclosure.

PROCEDURE

If PHI is de-identified, it is no longer considered PHI and can be used or disclosed freely without a client's/patient's authorization. For PHI to be considered de-identified, it must undergo the following process:

1. Identifier Removal – All of the following elements are removed from the records:
   a. Names;
   b. All 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:
      i. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
      ii. 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; 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;
   d. Telephone or fax numbers;
   e. Electronic mail addresses;
   f. Social Security numbers;
   g. Medical record number;
   h. Health plan beneficiary numbers;
   i. Account numbers;
   j. Certificate/license numbers;
   k. Vehicle identifiers and serial numbers, including license plate numbers;
   l. Device identifiers and serial numbers;
   m. Web Universal Resource Locators (URLs);
   n. Internet Protocol (IP) address numbers;
   o. Biometrics identifiers, including finger and voice prints;
   p. Full face photographic images and any comparable images; and
   q. Any other unique identifying number, characteristic, or code.
2. If, after de-identifying the PHI under step one, the information used alone or in combination with other information, could be used to identify the client/patient, then the de-identified information may still not be disclosed.

3. A unique identifier is an identifier that only means something to Dane County, such as a sequentially generated record number, may be included with the de-identified information. Unique identifiers allow:
   a. The recipient of a group of records to list clients/patients without learning their identity;
   b. Dane County to later re-identify (or link) the health information back to the client/patient; and
   c. Re-identifiers are only used if the unique identifier:
      i. Is not disclosed to the recipient;
      ii. Is not derived from or related to any part of the identifiers listed in item 1 above; and
      iii. Has meaning only to Dane County.

DOCUMENTATION
Dane County will maintain the documentation associated with this policy for a minimum of seven years.

ROLES & RESPONSIBILITIES
The HIPAA Privacy & Security Officer is responsible for the implementation, maintenance, and adherence to this policy.

RELATED DOCUMENTS
Definitions

DOCUMENT VERSION HISTORY
Original: 08/2023