



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 (7) 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

Reviewed: 07/2024