
SUBJECT: DE-IDENTIFICATION

GENERAL STANDARD (PRIVACY RULE SECTION 164.514(a), (b) and (c)):

AHS health care providers and health plans will treat any information that identifies an individual, or with respect to which there is a reasonable basis to believe that the information can be used to identify an individual, as individually identifiable health information.

AHS health care providers and health plans may de-identify individually identifiable health information, and use and disclose such de-identified information without complying with the use and disclosure requirements of the Privacy Rule.

AHS health care providers and health plans will endeavor to use, wherever reasonably possible, de-identified information.

PRIVACY RULE:

I. Requirements for De-Identification of PHI

- A. A CE may determine that health information is not individually identifiable health information only if:
 - 1. A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
 - a. Applies such principles and methods, and determines 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; and
 - b. Documents the methods and results of the analysis that justify such determination; or
 - 2. The CE removes the following identifiers of an individual, or of relatives, employers or household members of the individual:
 - 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 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 numbers;
- e. Fax 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. Internal Protocol (IP) address numbers;
- p. Biometric identifiers, including finger and voice prints;

- q. Full face photographic images and any comparable images; and
 - r. Any other unique identifying number, characteristic or code (except as permitted by Paragraph II below); and
3. The CE does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is the subject of the information.

II. Re-identification Requirements

- A. A CE may assign a code or other means of record identification to allow information de-identified under Paragraph I above to be re-identified by the CE, provided that:
- 1. The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
 - 2. The CE 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.

GUIDELINES:

- 1. AHS health care providers and health plans will seek to use and/or disclose de-identified information where it is reasonable to do so.
- 2. In those cases where AHS health care providers and health plans may reasonably use or disclose de-identified information, they will likely create the de-identified information themselves, by either removing all of the listed identifiers from a record or creating a record that does not contain any of the listed identifiers. However, AHS may retain a third party to create the de-identified information, provided that AHS enters into a Business Associate agreement with such third party.
- 3. The following identify some of the situations where AHS health care providers and health plans have traditionally used and disclosed de-identified information:
 - A. The Department of Developmental and Mental Health Services provides quarterly and yearly statistical reports, for public distribution, regarding the operations of the Vermont State Hospital (e.g., number of admissions, medications prescribed, and restraints used during a specific period of time).

- B. The Department of Prevention, Assistance, Training, and Health Access (“PATH”) provides pharmacy benefit management reports to the state legislature identifying how PATH expends public funds and seeks to reduce its operating costs.
 - C. The Department of Aging and Disabilities provides reports to the state legislature addressing nursing home and community based services information (e.g., the reports identify trends in the nursing home industry and the amount of public funds spent for nursing home care and community based services).
4. AHS health care providers train the following groups of students on a regular and routine basis:
- A. Medical students.
 - B. Nursing students.
 - C. Social work students.
 - D. Psychology students.
 - E. Occupational therapy students.
 - F. Business administration students.
 - G. Computer science students.
 - H. Master-level trainees in public health.
5. AHS health care providers will instruct these students that they are to use de-identified information when reporting on or describing any activities at AHS (e.g., in a written report to a professor or in a presentation to a class). AHS will instruct the students on the identifiers that must be removed to ensure that information is de-identified.