

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	Organization Focused Functions
CHAPTER 9:	Management of Information/HIPAA
PROCEDURE 9.28:	Limited Data Set
REVISED:	02/24/03; 01/23/07; 11/29/10; 8/12; 09/12; 3/7/16; Reviewed 4/26/18; 11/16/18
Governing Body Approval:	11/19/18(<i>electronic vote</i>)

PURPOSE: To inform Health Information Management (HIM), Information Technology (IT), Clinical, Performance Improvement (PI) and Utilization Review (UR) staff that in order to protect the patient's rights to privacy, Protected Health Information (PHI), which is used or disclosed for research purposes or health care operations (such as quality assurance reviews) is either de-identified or provided in a limited data set.

SCOPE: HIM, IT, PI and UR staff

POLICY:

It is the policy of Connecticut Valley Hospital (CVH) that in order to protect the patient's rights to privacy, Protected Health Information (PHI) shall be de-identified. If de-identification is not practical, CVH may then use a Limited Data Set in the performance of research or health care operations (such as quality assurance reviews).

Definitions:

1. Disclosure: The release, transfer, provision of access to, or the divulging in any other manner of information outside the agency holding the information.
2. Individually Identifiable Health Information: Information that is a subset of health information, including demographic information collected from an individual, and that: (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and (3) which identifies the individual, or (4) with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. Note: Individually identifiable health information is to be treated as protected health information.
3. Protected Health Information (PHI): Individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.
4. Treatment, Payment, and Health Care Operations (TPO): Includes all the following:
 - A. Treatment – The provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for health care.
 - B. Payment – Activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collections activities, medical necessity determinations and utilization review.

- C. Health Care Operations – Includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities.
5. Use: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

PROCEDURE:

1. When utilizing patient records (electronic or physical) for review of health care operations (such as quality assurance reviews) or research, Connecticut Valley Hospital (CVH) staff attempts to use de-identified information where possible. If this is not practical, then staff may use a Limited Data Set (LDS).
2. If a LDS is used, staff may not use the following PHI within the LDS:
 - A. names;
 - B. postal address information, other than town or city, state, and zip code;
 - C. telephone number;
 - D. fax numbers;
 - E. electronic mail addresses;
 - F. social security numbers;
 - G. medical record numbers;
 - H. health plan beneficiary numbers;
 - I. account numbers;
 - J. certificate and/or license numbers;
 - K. vehicle identifiers and serial numbers, including license plate numbers;
 - L. device identifiers and serial numbers;
 - M. Web Universal Resource Locators (URL's);
 - N. Internet Protocol (IP) address numbers;
 - O. biometric identifiers, including finger and voice prints; or
 - P. full face photographic images and comparable images.
3. If a LDS cannot be used for a research project, the project itself needs to be approved by, and performed under, the Hospital's Research Committee and the DMHAS Institutional Review Board. (See [Operational Procedure 9.26 Use and Disclosure of Protected Health Information for Research](#)).
4. If a LDS cannot be used for a review of health care operations, then authorized staff may use the full patient record (electronic or physical), but solely for the purpose of the review.

Illustration/Example:

CVH is in the process of carrying out a peer review of several of its' providers. In doing so, it wishes to review the relative frequency of a diagnosis by zip code. CVH has a large database of electronic billing records that it can use to make this determination. As the only PHI required in this scenario is a zip code, CVH could extract the diagnosis code by zip code excluding any of the other PHI named in the above list. However, if it is felt that it may be possible to identify a patient from a given zip code, this patient's data shall be excluded from the LDS.