

**WHITING FORENSIC HOSPITAL**  
**OPERATIONAL PROCEDURE MANUAL**

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|---------------------------------|----------------------------------------------------------|
| <b>SECTION II:</b>              | ORGANIZATION FOCUSED FUNCTIONS                           |
| <b>CHAPTER 9:</b>               | Management of Information/HIPAA                          |
| <b>PROCEDURE 9.27:</b>          | <b>De-Identification of Protected Health Information</b> |
| <b>Governing Body Approval:</b> | June 7, 2018                                             |
| <b>REVISED:</b>                 |                                                          |

**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), is de-identified as warranted by the request for disclosure.

**SCOPE:** HIM, IT, PI, and UR Staff

**POLICY:**

It is the policy of Whiting Forensic Hospital (WFH) that in order to protect the patient's rights to privacy, Protected Health Information (PHI) is de-identified as warranted by the request for disclosure.

***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 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. Whiting Forensic Hospital (WFH) determines that health information is not individually identifiable only if:
  - A. a person with appropriate knowledge of, and experience with, generally accepted statistical and scientific principles determines that the risk is very small that the information could be identifiable and documents the methods and results of the analysis that justify such determinations; or,
  - B. the information identifiers of the patient or of relatives, employers or household members of the patient, are removed. These identifiers include:
    1. names;
    2. all geographic subdivisions including address and zip code;
    3. all dates, except year, including birth date, admission date, discharge date, date of death;
    4. telephone numbers;

5. fax numbers;
  6. electronic mail addresses;
  7. social security numbers;
  8. medical record numbers;
  9. health plan beneficiary numbers;
  10. account numbers;
  11. certificate/license numbers;
  12. vehicle identifiers and serial numbers, including license plate numbers;
  13. device identifiers and serial numbers;
  14. Web Universal Resource Locators (URL's);
  15. Internet Protocol (IP) address numbers;
  16. biometric identifiers, including finger and voice prints;
  17. full face photographic images and comparable images; and
  18. any other unique identifying number, characteristic, or code.
- C. WFH does not have actual knowledge that the information could be used alone or in combination with other information to identify a patient who is a subject of the information.
- D. WFH may assign a code or other means of record identification to allow information de-identified under this section to be re-identified by WFH, 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. WFH 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.
2. WFH assigns the Director of Health Information Management as the individual responsible for determining that the information that is released complies with all aspects of this procedure.

### **Illustrations/Examples:**

**Example 1:** WFH receives a request for information on medication errors from the Office of the Commissioner (OOC) for performance improvement purposes. The Pharmacy, Nutrition and Therapeutics Committee, with assistance from Health Information Management, de-identifies the data requested prior to its submission and clears the data prior to its release with the individual responsible for compliance with this policy.

**Example 2:** WFH receives a request from a Yale University researcher who is conducting a study on the number of insanity acquittees per year with substance use disorders. WFH in turn requests from the assistance of the OOC, where the data is compiled, and all patient identifiable information is removed. A report is then submitted back to WFH with the aggregate data that was requested. This data is then forwarded to the Yale researcher.