

Divisions: All Divisions	Policy Number 179.10.05
Subject: DE-IDENTIFICATION OF PHI	
Approved: Executive Director	
Approved: Associate Director	
Approved: CADE BOD	
Effective Date: April 14, 2003	
Review Dates:	
Revised Dates:	

Purpose:

The purpose of this policy is to provide information for management and workforce under which patient or client information can be used and disclosed if information that can identify a person has been removed or restricted to a limited data set.

Policy

Saint Louis Center has a duty to protect the confidentiality and integrity of PHI as required by law, and professional ethics. When(Wh)4nWh. ssi93.9balhiWHIroWhdohiWHI hiWhWh enoenym(W7(on)-57(un)-57(s)-208(.wn)-514hn01.3een)-57(,)-fiditifyingnş r(e)07mletelys rm

- Uniform Resource Locator (URL)
 - Identifier Protocol (IP) addresses
 - Biometric identifiers
 - Full face photographic images and other comparable images
 - Any other unique identifying number characteristic, or code.
- whenever possible, de-identified PHI should be used for quality assurance monitoring and routine utilization reporting.

3. PHI used for research, including public health research, should be de-identified at the point of data collection for research protocols approved by the IRB, unless the participant voluntarily and expressly consents to the use of his/her personally identifiable information or an IRB waiver of authorization is obtained.

4. If an authorized user wishes to encrypt PHI when creating de-identified information the authorized user must ensure that:

- a. 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
- b. Anyone involved in the research project does not use or disclose the code or other means of record identification and does not disclose the mechanism to accomplish re-identification.
- c. If removal of any identifiers is not practical or does not meet business needs, and the use of PHI is still required, approval must be obtained from the Center Privacy Officer, without exception.

Definitions

Institutional Review Board (IRB): A committee group comprised of Saint Louis Center personnel and community representatives with varying backgrounds and professional experience that review and approve the research protocol involving human subjects.

Authorized User: An individual that is granted access to PHI for patients through an authorization, IRB waiver or who is performing an activity related to health care operations.

Health Care Operations: Activities related to Saint Louis Center's functions as a health care provider, including general administrative and business functions necessary for the Center to remain a viable health care provider.

Protected Health Information (PHI): Individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic communications. Individually identifiable health information relates to an individual's health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

Revision History