
UNIVERSITY OF WISCONSIN – MADISON
POLICY AND PROCEDURE

Policy #: 5.1

Policy Title: DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION
UNDER THE HIPAA PRIVACY RULE

Effective Date: 04/03/03

Last Revision Date: 03/04/03

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I. POLICY PURPOSE

To describe how protected health information (“PHI”) may be de-identified under the Privacy Rule of HIPAA. Health information that is de-identified, i.e., does not identify a patient and with respect to which there is no reasonable basis to believe that the information can be used to identify a patient, is not PHI and therefore not subject to the requirements for the use and disclosure of PHI in the Privacy Rule.

II. DEFINITIONS

Business Associate: A person or entity not affiliated with UW-Madison that performs or assists in performing, for or on behalf of any unit in the UW-Madison Health Care Component, business support functions/services that involve the use of Protected Health Information.

HIPAA: Health Insurance Portability and Accountability Act

Protected Health Information (“PHI”): Is health information or health care payment information, including demographic information, which identifies the patient or can be used to identify the patient. PHI does not include student records held by educational institutions or employment records held by employers.

University of Wisconsin Health Care Component (UW HCC): those units of the University of Wisconsin –Madison that have been designated by the University as part of its health care component under HIPAA.

III. PROCEDURES

A. Creating De-Identified Information

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UW HCC may use PHI to create de-identified information, whether or not the de-identified information is to be used by UW HCC, without patient authorization.

UW HCC may disclose PHI to a business associate in order to create de-identified information, whether or not the de-identified information is to be used by UW HCC, without patient authorization.

B Procedures for De-Identification of PHI

A UW HCC unit may determine that health information is de-identified only if:

1. The following identifiers of the patient or of relatives, employers, or household members of the patient, are removed:
 - a. Name
 - b. Geographic subdivisions smaller than a state (i.e., county, town or city, street address, and zip code) (note: in some cases, the initial three digits of a zip code may be used)
 - c. All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death, all ages over 89 and dates indicative of age over 89) (note: ages and elements may be aggregated into a single category of age 90 or older)
 - d. Phone numbers
 - e. Fax numbers
 - f. E-mail addresses
 - g. Social security number
 - h. Medical record number
 - i. Health plan beneficiary number
 - j. Account number
 - k. Certificate/license number
 - l. Vehicle identifiers and serial numbers
 - m. Device identifiers and serial numbers

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- n. URLs
 - o. Internet protocol addresses
 - p. Biometric identifiers (e.g., fingerprints)
 - q. Full face photographic and any comparable images
 - r. Any other unique identifying number, characteristic, or code and
 - s. Any other information about which the UW HCC unit has actual knowledge that it could be used alone or in combination with other information to identify the individual; OR
2. A person with appropriate expertise in statistics and other relevant scientific principles and methods,
- a. determines that 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 a patient who is the subject of the information and
 - b. documents the methods and results of the analysis that justify such determination.

C. Re-Identification

- 1. The UW HCC unit may assign a code or other means of record identification to allow information de-identified to be re-identified by that UW HCC unit provided that
 - a. the code or other means of record identification is not derived from or related to information about the patient and is not otherwise capable of being translated so as to identify the patient, and
 - b. the UW HCC unit does not use or disclose the code or other means of record identification for any other purpose

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(other than re-identification) and does not disclose the mechanism for re-identification.

2. Disclosure of a code or other means of record identification, designed to enable coded or otherwise de-identified information to be re-identified, constitutes disclosure of PHI.

3. If de-identified information is re-identified, such re-identified information is PHI and the UW HCC unit may use or disclose such re-identified information only as permitted for PHI under the Privacy Rule.

IV. DOCUMENTATION REQUIREMENTS

None.

V. FORMS

None

VI. REFERENCES

45 CFR 164.502(d) (HIPAA Privacy Rule)

45 CFR 164.514(a)-(c) (HIPAA Privacy Rule)

VII. RELATED POLICIES

None.

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VIII. FOR FURTHER INFORMATION

For further information concerning this policy, please contact the UW HIPAA Privacy Officer at 608-263-9158 or the appropriate unit Privacy Coordinator.

Approvals (Date):

Chancellor : 03/24/03

Chancellor's Task Force on HIPAA Privacy 03/19/03

UW-Madison Office of Administrative Legal Services 03/04/03

UW-Madison HIPAA Privacy Officer 03/04/03