
**University of Wisconsin-Madison
Policy and Procedure**

Policy Number: 5.1
Policy Title: De-identification of Protected Health Information Under the
HIPAA Privacy Rule
Effective Date: April 3, 2003
Last Revision Date: July 13, 2014
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I. Policy

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, does not constitute protected health information and therefore is not subject to the requirements for the use and disclosure of protected health information in the Privacy Rule. This document describes how protected health information may be de-identified under the Privacy Rule of HIPAA.

II. Definitions

- A. 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.
- B. Protected Health Information (“PHI”): 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.
- C. University of Wisconsin-Madison 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. See Privacy Policy # 1.1 “Designation of UW-Madison Health Care Component” for a listing of these units.

III. Procedures

- A. Use or Disclosure of PHI for Creating a De-identified Data Set
 - 1. A UW HCC unit may use PHI to create de-identified information, whether or not the de-identified information is to be used by the

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UW HCC unit or disclosed to another entity or individual, without patient authorization.

2. A UW HCC unit 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 the UW HCC unit or disclosed to another entity or individual, without patient authorization. Additional requirements apply before disclosing PHI to a business associate. (See Privacy Policy # 6.1 “Managing Arrangements of Business Associates with the University of Wisconsin-Madison”).

B. Procedures for De-identification of PHI

A UW HCC unit may determine that health information is de-identified only if the requirements set forth in sections 1 or 2 below are met.

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 numbers

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- k. Certificate/license numbers
 - l. Vehicle identifiers and serial numbers
 - m. Device identifiers and serial numbers
 - n. URLs
 - o. Internet protocol (IP) address numbers
 - p. Biometric identifiers (e.g., fingerprints)
 - q. Full face photographic and any comparable images
 - r. Any other unique identifying number, characteristic, or code
 - 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
2. A person with appropriate expertise in statistics and other relevant scientific principles and methods does both of the following:
- 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.
 - 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 both of the following are true:
- a. The code or other means of record identification is not derived from or related to information about the patient and

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is not otherwise capable of being translated so as to identify the patient.

- b. The UW HCC unit does not use or disclose the code or other means of record identification for any other purpose (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

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Policy Number 6.1 “Managing Arrangements of Business Associates with the
University of Wisconsin-Madison”

VIII. For Further Information

For further information concerning this policy, please contact the UW-Madison
HIPAA Privacy Officer or the appropriate unit HIPAA Privacy Coordinator or
sub-Coordinator. Contact information is available within the “Contact Us” tab at
hipaa.wisc.edu.

Reviewed By

Chancellor
Chancellor’s Task Force on HIPAA Privacy
UW-Madison HIPAA Privacy Officer
UW-Madison Office of Legal Affairs

Approved By

Interim HIPAA Privacy and Security Operations Committee