

POLICY INFORMATION

Policy Title: De-Identification, Summary Health Information and Limited Data Sets Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

☒ All of the below categories

☐ All Employees ☐ CT Employees ☐ NY Employees ☐ Remote Employees ☐ Contractors ☐ Volunteers ☐ Students/Interns ☐ Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

☐ All of the below entities

☐ Nuvance Health Systems

☐ Danbury Hospital (including New Milford Hospital Campus)

☒ Northern Dutchess Hospital

☐ Norwalk Hospital

☒ Putnam Hospital

☒ Sharon Hospital

☒ Vassar Brothers Medical Center

☒ Health Quest Systems, Inc. "(HQS)"

☒ Health Quest Home Care, Inc

☒ Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

☒ Other HQSI-affiliated Entities Not Listed

☐ Western Connecticut Home Care, Inc ("WCHN")

☐ Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

☐ Western Connecticut Home Care, Inc

☐ Other WCHN-affiliated Entities Not Listed

☒ Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

Nuvance Health and its affiliates ("Nuvance") will use and disclose de-identified health information, summary health information or limited data sets with a Data Use agreement, rather than Protected Health Information ("PHI"), whenever possible. The purpose of this policy is to provide guidelines on how Nuvance will determine that health information to be shared with other entities has either been appropriately de-identified or restricted for purposes of creating a limited data set. Nuvance may use or disclose a limited data set only for the purposes of research, public health, or health care operations. Nuvance may use or disclose a limited data set only if the Nuvance obtains satisfactory assurance, in the form of a data use agreement that meets the requirements of this section, that the limited data set recipient will only use or disclose the protected health information for limited purposes.

DEFINITIONS

See HIPAA Glossary

For Purposes of this Policy and Related Procedures, the following definitions are re-stated as follows:

De-Identified Information: Health information that is not subject to the same regulations as Protected Health Information because there is no reasonable basis to believe the information could be used to identify an individual. Certain identifiers must be removed for information to be considered de-identified.

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Summary Health Information: Information that may be individually identifiable health information and (1) that summarizes the claim history, claims expenses, or types of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan; and (2) from which the information described has been deleted, except that the geographic information need only be aggregated to the level of a five digit zip code.

Data Use Agreement (“DUA”): agreement that establishes who is permitted to use and receive a Limited Data Set (“LDS”), and the permitted Uses and Disclosures of such information by the recipient, and provides that the recipient will: (i) not Use or Disclose the information other than as permitted by the DUA or as otherwise required by law; (ii) use appropriate safeguards to prevent uses or disclosures of the information that are inconsistent with the DUA; (iii) report to Nuvance Uses or Disclosures that are in violation of the DUA, of which it becomes aware; (iv) ensure that any agents to whom it provides the LDS agree to the same restrictions and conditions that apply to the LDS recipient, with respect to such information, and (v) not re-identify the information or contact the individual.

A data use agreement between Nuvance and the limited data set recipient must:

- A. Establish the permitted uses and disclosures of such information by the limited data set recipient, consistent with requirements. The data use agreement may not authorize the limited data set recipient to use or further disclose the information in a manner that would violate the requirements, if done by Nuvance;
- B. Establish who is permitted to use or receive the limited data set; and
- C. Provide that the limited data set recipient will:
 1. Not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law;
 2. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the data use agreement;
 3. Report to Nuvance any use or disclosure of the information not provided for by its data use agreement of which it becomes aware;
 4. Ensure that any agents to whom it provides the limited data set agree to the same restrictions and conditions that apply to the limited data set recipient with respect to such information; and
 5. Not identify the information or contact the individuals.

Limited Data Set: A set of data in which most of the personal identifiers have been removed. Certain identifiers must be removed for a data set to be considered a Limited Data Set. A “limited data set” is information from which “facial” identifiers have been removed. Specifically, as it relates to the individual or his or her relatives, employers or household members, all the following identifiers must be removed in order for health information to be a “limited data set”:

- names;
- street addresses (other than town, city, state and zip code);
- telephone numbers;
- fax numbers;
- e-mail addresses;
- Social Security numbers;
- medical records numbers;
- health plan beneficiary numbers;

- account numbers;
- certificate license numbers;
- vehicle identifiers and serial numbers, including license plates;
- device identifiers and serial numbers;
- URLs;
- IP address numbers;
- biometric identifiers (including finger and voice prints); and
- full face photos (or comparable images).

The health information that may remain in the information disclosed includes:

- dates such as admission, discharge, service, DOB, DOD;
- city, state, five digit or more zip code; and ages in years, months or days or hours.

Covered Individual: This term refers to all Nuvance Health workforce members, business affiliates, and agents. Workforce members shall include any of the following individuals at Nuvance Health: Members of the Nuvance Health Board and the boards of any Nuvance Health related entity; President/Chief Executive Officer; administrators; managers, officers; employees, affiliates; medical staff members; appointees; volunteers; personnel; interns; students, trainees, and any individual whose conduct is under direct control of Nuvance Health whether or not they are paid by Nuvance Health. Business Affiliates shall include any non-workforce member, contractor, independent contractor, vendor, person, subcontractor or third-party, who or that, in acting on behalf of Nuvance Health: (i) delivers, furnishes, prescribes, directs, orders, authorizes, or otherwise provides Federal healthcare program items and services; (ii) performs billing or coding functions; (iii) contributes to Nuvance Health's entitlement to payment under Federal healthcare programs; and (iv) is affected by one or more of Nuvance Health's risk areas through the Business Affiliate's interaction with, or performance of their role, functions, and responsibilities or provision of contracted services at Nuvance Health. Agents include individuals or entities that have entered into an agency relationship with Nuvance Health. Agents fall under the category of either Workforce Member or Business Affiliate depending on their role, functions, and responsibilities.

POLICY

Nuvance has a policy to address the de-identification, summary health information and requests for limited data sets. Where Nuvance discloses only a limited data set to a business associate for the business associate to carry out a health care operations function, Nuvance satisfies the HIPAA Privacy Rule's requirements that it obtain satisfactory assurances from its business associate with the data use agreement. Nuvance will:

- establish the permitted uses and disclosures of the limited data set;
- identify who may use or receive the information;
- prohibit the recipient from using or further disclosing the information, except as permitted by the agreement or as permitted by law;
- require the recipient to use appropriate safeguards to prevent a use or disclosure that is not permitted by the agreement;

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- require the recipient to report to Nuvance any unauthorized use or disclosure of which it becomes aware;
- require the recipient to ensure that any agents (including a subcontractor) to whom it provides the information will agree to the same restrictions as provided in the agreement; and
- prohibit the recipient from identifying the information or contacting the individuals

A "limited data set" of information may be disclosed to an outside party without a patient's authorization if certain conditions are met. First, the purpose of the disclosure may only be for research, public health or health care operations. Second, the person receiving the information must sign a data use agreement with Nuvance. This agreement has specific requirements which are discussed under the "Definitions" section below.

Whenever practical, Nuvance will use or disclose de-identified information, summary health information or a limited data set instead of individually identifiable PHI.

PROCEDURE

Nuvance has a procedure to help determine what content of PHI and in what de-identified format is shared with other entities.

DE-IDENTIFIED INFORMATION

1. Nuvance Covered Individuals may use or disclose, without authorization, health information that meets the standards and implementation for de-identification only if all of the standards contained in Section 2 are met.
2. All of the following specified identifying characteristics of the individual patient (and of any relatives, employers, or household members of the patient) must be removed to fully deidentify health information:
 - a. Names
 - b. All geographic subdivisions smaller than a state including city, town, street address, precinct, and zip code
 - c. All elements of dates (except year) directly related to an individual including dates of birth, admission, discharge, death, (Note: All ages over eight-nine (89) and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age ninety (90) or older
 - d. Telephone numbers
 - e. Fax numbers
 - f. Social security number
 - g. Medical Record number
 - h. Health plan beneficiary number
 - i. Account number
 - j. Certificate/license numbers
 - k. Vehicle identifiers and serial numbers, including license plate numbers
 - l. Device identifiers and serial numbers
 - m. Web Universal Resource Locators (URLs)
 - n. Internet Protocol (IP) address numbers
 - o. Biometric identifiers, including finger and voice prints
 - p. Full face photographic images and any comparable image

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- q. Any other identifying number, characteristic or code, except non-identifiable markers designed for confirming re-identification in the future as described in section C, "Re-identification of Limited Data Sets and/or De-identification"
3. In addition to Section 2 above, de-identification may be performed by application of statistical methods to de-identify individually identifiable health information. In such cases, all of the following are required:
 - a. the statistical data analysis is performed by a statistician or other person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable; and
 - b. This individual must determine that there is a very small risk the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information. This individual must document the methods and results of the analysis that justify such determination; and
 - c. If this statistician is not a member of the facility's workforce, the statistician will be required to sign a Business Associate Agreement to assure that the individually identifiable health information supplied for de-identification will be adequately protected.
4. De-identified data will result in the creation of a new set of data but will not require the destruction or altering of original data. The original data is subject to the requirements of HIPAA and the facility's privacy and security policies.
5. While de-identified health information is not subject to the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), Nuvance may deem such de-identified information to be business information that must be held confidential.
6. Any de-identified information that is considered confidential business information shall be marked confidential.

LIMITED DATA SET

In contrast to de-identified information, Nuvance Covered Individuals may use or disclose a limited data set without authorization for three (3) purposes only: research, public health, or health care operations.

1. All of the following specified identifying characteristics of the individual patient (and of any relatives, employers, or household members of the patient) must be removed to create a limited data set:
 - a. Names
 - b. Postal address information (town, city, state, and zip code are acceptable)
 - c. Telephone numbers
 - 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/license numbers
 - k. Vehicle identifiers and serial numbers, including license plate numbers
 - l. Device identifiers and serial numbers
 - m. Web Universal Resource Locators (URLs)
 - n. Internet Protocol (IP) address numbers

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- o. Biometric identifiers, including finger and voice prints
- p. Facial photographic or other images that may identify an individual
- 2. A limited data set used for the purposes of research, public health, or healthcare operations requires a Data Use Agreement (“DUA”). The DUA must:
 - a. Establish permitted uses and disclosures of the limited data set by the recipient
 - b. Establish who is permitted to use or receive the limited data set, and
 - c. Provide that the limited data set recipient will:
 - i. Not use or further disclose the information other than as permitted by the agreement or required by law,
 - ii. Use appropriate safeguards to prevent other use or disclosure,
 - iii. Report to the originator of the limited data set any use or disclosure not provided for of which the recipient becomes aware,
 - iv. Ensures that any agents to whom it provides the limited data set agree to the same restrictions and conditions, and
 - v. Not identify the information or contact the individual patients.
- 3. Nuvance shall take reasonable steps to cure any known pattern or activity or practice of the recipient of a limited data set that constitutes a material the breach or violation of the DUA. If such steps are unsuccessful, Nuvance shall discontinue disclosure of PHI to the recipient and reports the problem to the Secretary of Health and Human Services (“HHS”).

RE-IDENTIFICATION OF DE-IDENTIFIED INFORMATION

- 1. Should there be a need to re-identify the information at any time in the future; a special code may be assigned so that the de-identified information may be reidentified. This re-identification code may not be derived from or related to information about the individual and may not be able to be translated in such a manner as to identify the individual except by persons authorized to do so.
- 2. The disclosure of the codes that are designed to re-identify individual patients and their means of creation will constitute a disclosure of PHI. Any Nuvance Covered Individual who discloses such a re-identification code in a manner inconsistent with the facility’s **Validation of Patient Authorization Policy** will be subject to disciplinary action up to and including termination from employment or removal of privileges in accordance with the **Compliance Misconduct and Sanctions Policy**.

RESPONSIBILITY

All Covered Individuals and individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Further, it is the responsibility of all individuals and departments that will use de-identified data or limited data sets to ensure that health information is properly de-identified or limited in accordance with the guidelines provided in this policy.

ENFORCEMENT

Failure to comply with this policy and related procedures will result in appropriate remedial and/or disciplinary actions, up to and including termination of any employment or other relationship.

REFERENCES

45 CFR, Parts 160 and 164

45 CFR 164.502(d)

45 CFR 164.514(a),(b)(1) and (e)

APPROVAL

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Jared B Gaynor
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2/28/2024

Signature

Date

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