

## ORGANIZATION POLICY

POLICY TITLE: ONSLOW MEMORIAL HOSPITAL DISCLOSURE OF DE-IDENTIFIED INFORMATION

POLICY NUMBER: 1307

(1) **AUTHORITY:** This Policy is enacted pursuant to authority delegated to the management of Onslow Memorial Hospital, Inc. ("OMH") by its board of directors.

(2) **DEFINITIONS:** Certain terms having specific definitions are used in this Policy, and these terms and definitions are as follows:

- a. De-identified information means Information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.
- b. Individually identifiable health information means information that is a subset of health information, including demographic information collected from an individual, and:
  - i. Is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and
  - ii. 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
    1. That identifies the individual; or
    2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- c. Protected health information means individually identifiable health information:
  - i. Except as provided in paragraph (ii) of this definition, that is:
    1. Transmitted by electronic media;
    2. Maintained in any medium described of electronic media at § 162.103; or
    3. Transmitted or maintained in any other form or medium.
  - ii. Protected health information excludes individually identifiable information in:
    1. Education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. 1232g; and

2. Records described at 20 U.S.C 1232g(a)(4)(B)(iv).

(3) **APPLICABILITY:** This Policy shall apply to all employees and agents of OMH. This Policy shall become effective when approved and signed by the President and Chief Executive Officer of OMH.

(4) **PURPOSE AND APPLICABLE LAW:** The purpose of this Policy is to establish OMH's disclosures of de-identified information.

PROCEDURE:

Safe Harbor De-Identification

In order to de-identify protected health information, OMH, or a Business Associate acting on behalf of OMH, **MUST REMOVE ALL OF THE FOLLOWING IDENTIFIERS** related to the individual's employers, and the individual's household members:

- Names;
- All geographical subdivisions smaller than a state (thus, indications of street address, city, precinct, zip code, and their equivalent geocodes must be removed);
- All elements of dates (except years) related to an individual, such as dates of birth, admission, discharge, or death. All ages of 90 and above must be removed (and in such cases, the year must be removed); provided, however, that such ages may be describe as a single category of "90 or older";
- Telephone and fax numbers;
- Electronic mail addresses; Web Universal Resources Locators ("URLs"); and Internet Protocol ("IP") addresses;
- Social Security Numbers;
- Medical record numbers (including prescription numbers);
- Health Plan beneficiary numbers;
- Account numbers;
- Certificate and license numbers;
- Vehicle identifiers, including serial and license plate numbers;
- Device Identifiers and serial numbers;
- Biometric identifiers, including finger and voice prints;
- Full face photographic images and comparable images; and
- Any other unique identifying number, code, or characteristic. An illustrative but non-exhaustive list of unique identifiers include:
  - Clinical trail record numbers;
  - Unusual occupations;
  - Very high salary ranges;
  - Existence/location of unique birthmarks and scars; and
  - That fact that a health condition or injury was the result of an unusual or

highly publicized source or event, where there is a reasonable belief that disclosure of such fact would permit identification of the individual (such as, for example, an individual's receipt of anthrax-laden letters or mail bombs or falling victim to acts of terrorism or sniper attacks)

The use and disclosure of de-identified information is not subject to the requirements of HIPAA, unless such information is subsequently re-identified. For example, OMH's use and disclosure of de-identified information:

- Need not comply with OMH's Policy on the "Minimum Necessary" Standard;
- Does not require an authorization by the individual;
- Does not require and opportunity for the individual to agree or object;
- Need not comply with an agreement to restrict use and disclosure of patient information; and
- Need not be disclosed in the event an individual requests an accounting of disclosures of patient health information.

#### Re-Identification

OMH may assign a code or other means of record identification to allow information de-identified to be re-identified by OMH, provided that:

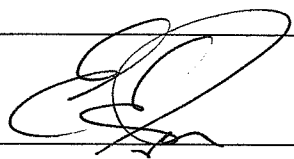
1. Derivation. The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
2. Security. OMH does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

This document has been reviewed for  
Onslow Memorial Hospital, Inc. by  
Sumrell, Sugg, Carmichael, Hicks & Hart, P.A

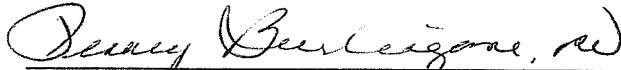
EFFECTIVE DATE: June 2005

REVISION DATE: January 12, 2009

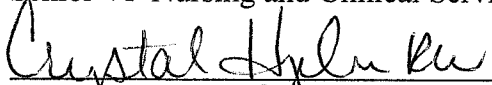
APPROVED BY: \_\_\_\_\_



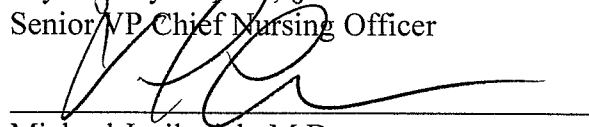
Ed Piper, Ph.D.  
President and Chief Executive Officer



Penney Burlingame, RN, BSN, MHA, FACHE  
Senior VP Nursing and Clinical Services



Crystal Hayden, RN, MSN  
Senior VP Chief Nursing Officer



Michael Josilevich, M.D.  
Chief of Staff