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**7009 DE-IDENTIFICATION - PROTECTED HEALTH INFORMATION**

REVISION DATE: 2/28/2024  
REVIEW DATES: 3/11/2025, 2/28/2024  
EFFECTIVE DATE: February 28, 2024

REFERENCES: 45 C.F.R. § 164.502; 45 C.F.R. § 164.514

**PURPOSE**

This policy applies to all Division of Developmental Disabilities (the Division) staff. This policy outlines the de-identification of protected health information as required by the Health Insurance Portability and Accountability Act of 1996 "HIPAA".

**DEFINITIONS**

1. "Disclosure" means the release, transfer, or provision of access to or divulgence in any other manner of PHI to parties outside the entity holding the information.
2. "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule" means the Federal Regulation that establishes national standards to protect individuals' medical records and other individual health information that applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule

requires appropriate safeguards to protect the privacy of individual health information and sets limits and conditions on the Uses and Disclosures that may be made of such information without authorization from the Responsible Person. The Rule also gives Members rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

3. "Member" means the same as "client" as defined in A.R.S. § 36-551.
4. "Protected Health Information" or "PHI" means individually identifiable health information about a Member that is transmitted or maintained in any medium where the information is:
  - a. Created or received by a:
    - i. Health care provider,
    - ii. Health plan,
    - iii. Employer, or
    - iv. Health care clearinghouse.
  - b. Relates to the:

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- i. Past, present, or future physical or mental health condition of a Member;
      - ii. Provision of health care to a Member; or
      - iii. Payment for the provision of health care to a Member.
    - c. PHI excludes information in:
      - i. Education records covered by the Family Educational Rights and Privacy Act as amended, 20 U.S.C. 1232g;
      - ii. Records described at 20 USC 1232g(a)(4)(B)(IV);
      - iii. Employment records held by a Covered Entity in its role as an employer; or
      - iv. Regarding a person who has been deceased for more than 50 years.
  - 5. “Responsible Person” means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed.

6. "Use" means the sharing, employment, application, utilization, examination, or analysis of PHI within the entity that maintains such information.

## **POLICY**

### **A. DE-IDENTIFIED PHI IS CREATED BY REMOVING IDENTIFIERS**

1. The Division shall determine when Protected Health Information (PHI) is subject to de-identification by ensuring all of the identifiers defined as PHI are removed from the documents regarding the Member.
2. The Division shall ensure that the following identifiers of the Member, the Member's relatives, employers, or individuals living in the same household, are removed from the documents:
  - a. Names
  - b. All geographic subdivisions smaller than a State, including:
    - i. Street address,
    - ii. City,
    - iii. County,
    - iv. Precinct,
    - v. Zip code, and

- vi. Their equivalent geocodes.
- c. All elements of dates, except year for dates directly related to an individual, including:
  - i. Birth date,
  - ii. Admission date,
  - iii. Discharge date,
  - iv. Date of death, and
  - v. All elements of dates that identify an individual to be age 90 or older are aggregated into a single category.
- d. Telephone numbers.
- e. Fax Numbers.
- f. Electronic mail addresses.
- g. Social Security Numbers.
- h. Medical record numbers.
- i. Health plan beneficiary numbers.
- j. Account numbers.
- k. Certificate/license numbers.

- l. Vehicle identifiers and serial numbers, including license plate numbers.
- m. Device identifiers and serial numbers.
- n. Web Universal Resource Locators (URLs).
- o. Internet Protocol (IP) address numbers.
- p. Biometric identifiers, including finger and voice prints.
- q. Full face photographic images and any comparable images.
- r. Any other unique identifying number, characteristics, or code that can be re-identified.

**B. ACTUAL KNOWLEDGE THAT INFORMATION CAN BE USED TO IDENTIFY AN INDIVIDUAL**

1. If the Division has actual knowledge that any information remaining after de-identification could be used alone or in combination with other information to identify the Member, then the Division shall consider the information to be individually identifiable and not use or disclose without proper authorization.
2. If an employee of the Division has knowledge of any remaining identifiable information, the employee shall consult with the Division's Privacy Officer prior to releasing the information.

**C. CODED DATA**

1. The Division shall assign a code to health information or use some other similar means of identifying PHI to allow otherwise de-identified information to be re-identified provided that:
  - a. The code or other means of identification do not come from or are related to the Member's identifying information.
  - b. The code shall not be capable of being translated so as to identify the Member by an outside entity.
2. The Division shall document the codes in writing and record all analyses and information used to re-identify health information.
3. The Division shall not use or disclose the code or other means of record identification for any other purpose, and shall not disclose the mechanism for re-identification.

*Tyra Oliver*

25/11/2025