

	Policy	
	APPROVAL DATE: 06/23/2026	APPROVER: Gregory Ehardt
APPLICABLE TO: Ochsner Baptist, Ochsner Extended Care Hospital, Ochsner Health, Ochsner St. Anne, Ochsner St. Mary, OLG - Abrom Kaplan, OLG - Acadia General, OLG - American Legion, OLG - Lafayette General Medical Center, OLG - St. Martin Hospital, OLG - University Hospital and Clinics, OMC Baton Rouge, OMC Hancock, OMC Kenner, OMC New Orleans, OMC West Bank, Rush - Ochsner Choctaw General , Rush - Ochsner Laird Hospital, Rush - Ochsner Rush Medical Center, Rush - Ochsner Scott Regional , Rush - Ochsner Specialty Hospital , Rush - Ochsner Stennis Hospital, Rush - Ochsner Watkins Hospital		

De-Identification of Protected Health Information

I. Purpose

This policy defines de-identified Use and Disclosure of Protected Health Information (PHI) and provides guidance on the proper Use and Disclosure of de-identified information in accordance with the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164.

II. Definitions

- A. Data Use Agreement- is a contractual document between a data provider and a data recipient describing the provisions associated with the transfer of confidential, protected, or restricted-use data, including data included in a Limited Data Set.
- B. De-identification - the removal of specific information about a patient that can be used alone or in combination with other information to identify that patient.
- C. Disclosure - the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
- D. Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule- This rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically.
- E. Institutional Review Board (IRB) - is an administrative body established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted under the auspices of the institution with which it is affiliated.
- F. Limited Data Set- a limited set of identifiable patient information as defined by the HIPAA, 45 CFR Parts 160 and 164. A "Limited Data Set" of information may be disclosed to an outside party without a patient's authorization if certain conditions are met, as more fully described within this policy.
- G. Protected Health Information (PHI)- individually identifiable information, except where specifically excluded under the law, that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium, including

demographic information, related to the past, present, or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for such health care, which is created or received by a covered entity.

- H. Use– with respect to individually identifiable information, sharing, employing, applying, utilizing, examining, or analyzing such information within an entity (or, in a hybrid entity, a department) that maintains such information.

III. Policy Statements

- A. Ochsner has a duty to protect the confidentiality and integrity of PHI as required by law, professional ethics, and in accordance with accreditation requirements.
1. Whenever acceptable, de-identified information will be used rather than PHI.
 2. When Use of de-identified patient information is not possible, a Limited Data Set will be used instead.
- B. A Limited Data Set is information from which all individually identifiable information (see list below in section V.A.) has been removed with the exception of dates such as admission, discharge, service, date of birth, date of death; geographic information limited to city, state, zip code; and ages in years, months or days or hours.
1. A Limited Data Set is still classified as PHI.

IV. Policy Implementation

- A. In order for patient information to be considered de-identified, all of the following identifiers must be removed:
1. Name;
 2. All elements (except years) of dates related to an individual (including birth date, admission date, discharge date, date of death, and exact age if over 89);
 3. All geographic subdivision smaller than a state including street address, city, county/parish, and zip code;
 4. Telephone Numbers;
 5. Fax Numbers;
 6. Email addresses;
 7. Social Security Number;
 8. Medical Record Number;
 9. Health Plan Beneficiary Number;
 10. Account Number;
 11. Certificate/License Number;
 12. Vehicle identifier and serial number, including license plate;
 13. Device identifier and serial number;
 14. Web address;
 15. Internet Protocol address;
 16. Biometric identifiers;

- 17. Full face photographic images and any comparable images; and,
- 18. Any other unique identifying number, characteristic, or code.
- B. As an alternative to the method described above, Ochsner may rely upon the HIPAA expert determination method to de-identify PHI as described in 45 C.F.R. 164.514(b)(1).
- C. Ochsner may Use or Disclose a Limited Data Set only for the purposes of research, public health, and health care operations. Further, in order to Use a Limited Data Set in these particular circumstances, a Data Use Agreement must be entered into by Ochsner and the recipient of the Limited Data Set stating that the recipient will only Use or Disclose the Limited Data Set for the limited purposes described in the Data Use Agreement.
 - 1. De-identification of PHI requires the elimination of all individually identifiable information. PHI must be de-identified prior to the Disclosure to non-authorized users.
- D. PHI used for research will be de-identified at the point of data collection for research protocols approved by the Institutional Review Board (IRB) unless the participant has authorized the Use of his or her PHI or an IRB waiver of authorization is obtained.
 - 1. When Use of de-identified patient information is not possible for a research study, a Limited Data Set will be used instead.
- E. An Ochsner workforce member may assign a code or other means of record identification to allow re-identification provided that the code is neither derived from nor related to the individual's information, is not used for any other purposes, and is not disclosed.
- F. Any workforce member trained in the de-identification process, often but not limited to IS or the imaging department, can perform this process. The Compliance & Privacy department shall be notified of the request to de-identify data and or images and shall approve or deny such requests. All requests to de-identify data and or images shall be logged and auditable by the department performing the de-identification process.
- G. Properly de-identified patient information is no longer considered PHI and is not protected by the HIPAA Privacy Rule.

V. Enforcement

Failure to comply with this policy may result in progressive discipline up to and including termination of employment for employees or termination of contract or service for third-party personnel, students or volunteers.

VI. Attachments

This section is intentionally left blank.

VII. References

[HIPAA Privacy Research Policy](#)

45 C.F.R. 160.103; 45 C.F.R. 164.514 – HIPAA Privacy and Security Rules

VIII. Policy History

OHS.CI.010 De-Identification of Protected Health Information