Administrative Policy 2003-29
Creation, Use and Disclosure of De-Identified Protected Health Information (PHI)

<table>
<thead>
<tr>
<th>Title</th>
<th>Creation, Use and Disclosure of De-Identified Protected Health Information (PHI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Owner and Contact Information</td>
<td>Office of Healthcare Compliance and Privacy <a href="mailto:privacyoffice@uchc.edu">privacyoffice@uchc.edu</a></td>
</tr>
<tr>
<td>Campus Applicability</td>
<td>UConn Health</td>
</tr>
<tr>
<td>Applies to</td>
<td>All UConn Health employees, students, residents, volunteers (collectively “the Workforce”)</td>
</tr>
<tr>
<td>Effective Date</td>
<td>September 6, 2022</td>
</tr>
</tbody>
</table>

PURPOSE:
To comply with certain provisions of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the associated regulations (collectively “HIPAA”) regarding the creation, use, and disclosure of de-identified Protected Health Information (PHI).

POLICY STATEMENT:
De-identified Health Information is not considered PHI and is not subject to the restrictions on uses and disclosures set forth in HIPAA.

When appropriate, UConn Health may use PHI to create De-identified Health Information or disclose PHI only to a business associate to create De-identified Health Information, whether or not the De-identified Health information is to be used by UConn Health.

UConn Health de-identifies PHI in accordance with the methods required by the HIPAA Privacy Rule, as specifically described in the attached procedures.

UConn Health may assign a code or other means of record identification to allow re-identification of de-identified PHI, as specifically described in the attached procedures. Disclosure of a code or other means of record identification designed to enable coded or otherwise De-identified Health Information to be re-identified is considered a disclosure of PHI.
DEFINITIONS:
Privacy Definitions

De-identified Health Information: Health 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. Health information is de-identified if:

- It is stripped of all direct identifiers specified in the Privacy Rule (the “Safe Harbor Method”); or
- An expert in statistical and scientific principles and methods for rendering information not individually identifiable determines that there is a very small risk that the information could be used alone or in combination with other information to identify an individual and the methods and results of the analysis that justify such determination are documented (the “Expert Determination Method”).

Protected Health Information (PHI): Any type of Individually Identifiable Health Information, whether electronically maintained, electronically transmitted, or in any other format or medium (i.e., discussed orally, on paper or other media, photographed or otherwise duplicated). PHI excludes Individually Identifiable Health Information in education records covered by the Family Educational Right and Privacy Act (FERPA), records described in 20 USC 1232g(a)(4)(B)(iv), employment records held by a Covered Entity in its role as employer, or related to individuals who have been deceased for more than 50 years.

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UConn Health, is under the direct control of UConn Health, whether or not they are paid by UConn Health.

PROCEDURES/FORMS:
Procedures for 2003-09 Creation, Use and Disclosure of De-Identified Protected Health Information (PHI)
Certification of De-Identification (for research)

REFERENCES:
45 C.F.R. §§ 164.502(d) and 164.514(a-c)

RELATED POLICIES:
2011-014.0 Health Insurance Portability and Accountability Act (HIPAA) in Research
2014-03: Visual, Audio or Recording of Patient Data Obtained Through Any Medium
2003-04: Business Associate Agreements

ENFORCEMENT:
Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.
APPROVAL:

_ Bruce Liang (Signed) ____________  9/1/2022 ____________
Bruce Liang  Date
UConn Health Chief Executive Officer

_ Kiki Nissen (Signed) ____________  9/6/2022 ____________
Kiki Nissen  Date
Administrative Policy Committee Vice-Chair

_ Janel Simpson (Signed) ____________  8/31/2022 ____________
Janel Simpson  Date
Administrative Policy Committee Chair

POLICY HISTORY:
New Policy Approved: 4/14/03
Reviewed Without Changes:
Revised: 9/22