

**Logan University**  
**DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION (PHI)**

**Policy AA.009**

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**Policy Number:** AA.009

**Effective Date:** 4/1/2026

**Approval Date:** 3/17/2026

**Revised Date:**

**Purpose:** To provide additional information on HIPAA's Privacy and Security Rules specifically relating to the use and disclosure of Protected Health Information (PHI) for educational purposes.

**Additional Authority:** Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**Scope:** Students, Faculty and Staff of Logan University

**Responsible Executive:** Provost/CAO

**Offices Responsible for Reviewing this Policy:** Provost, Deans of the Colleges

**Recipients:** Faculty, Clinic Administration, Clinicians, Deans, Students, Staff

**Publications:** Website, Clinic/Clinical Rotation Handbooks, Faculty Handbook, University Catalog, Employee Handbook

**Definitions:** : **Protected Health Information (PHI)** – health information, including demographic information that is individually identifiable to a patient that pertains to the patient's past, present, or future physical or mental health or condition; to the provision of health care to that patient; or to payment for the provision of health care to that patient.

**PHI includes** genetic information, which includes information about the following items (and excludes information about an individual's sex or age):

- An individual's genetic tests;
- The genetic tests of an individual's family members; or
- The manifestation of a disease or disorder in such individual's family members (i.e., family medical history).

**PHI excludes:**

- Individually identifiable health information of a person who has been deceased for

more than fifty (50) years;

- Education records covered by the Family Educational Rights and Privacy Act (FERPA);
- Employment records held by Logan University in its role as an employer; and
- Individually identifiable health information of a person that has been de-identified pursuant to HIPAA and Logan University's De-Identification Policy.

## **Policy Title**

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### **De-Identification of Protected Health Information (PHI)**

## **Policy Statement**

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All Logan University employees who are engaged in teaching and/or supervising students accessing and /or utilizing PHI, must ensure that all forms of teaching materials are void of any information that would identify a specific patient in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Logan University policies.

## **Procedures**

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If you are supervising or teaching a didactic or clinical course at Logan University, the following rules must be followed:

- Undertake the proper safeguards to protect the privacy and security of PHI accessed in any academic setting. Become familiar with the policies and procedures applicable to the academic or health care entity you are working with. Example: never leave patient files unattended in a public area such as a conference room even if you step away for only a few minutes.
- PHI may be discussed with students who are with you while you are actually in the clinical setting.
- Do not disclose PHI to anyone outside the academic or clinical setting that generated the information without first de-identifying the information. This includes discussion in a classroom. If de-identification is not possible or practicable, you must obtain the patient's written authorization for disclosing PHI for teaching purposes.
- If you become aware of, or suspect that there has been, an impermissible acquisition, access, use or disclosure of PHI in a manner not permitted under

HIPAA, you should immediately report the circumstances to the Dean of the respective college or the Director of Clinics, as appropriate.

Under the Privacy Rule, de-identification requires removal of all of the following direct and indirect identifiers:

- Name;
- Geographic subdivisions smaller than a state (e.g., county, town or city, street address and zip code);
- All elements of dates (except year) for dates directly related to an individual, including birth date, date of service, date of death, all ages over 89 and dates indicative of age 89 (ages may be aggregated into a single category of 90 or older);
- Phone numbers;
- Fax numbers;
- Social security number;
- Health record number;
- Health plan beneficiary number;
- Account number;
- Certificate/license number;
- Vehicle identifier and serial number;
- Device identifiers and serial numbers;
- URLs;
- Internet protocol addresses;
- Biometric identifiers (e.g., fingerprints);
- Full face photographic and any comparable images;
- Any other unique identifying characteristics or code; and
- Any other information about which you have actual knowledge that could be used alone or in combination with other information to identify the individual.

## **Other Notes**

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