University of Minnesota - HIPCO
De-Identified Data Sets and Limited Data Sets

The following chart describes the information that must be eliminated from a database, registry, or any other data set for the data set to be considered "de-identified" or a "limited data set".

Note that for each data element listed below, the information must be eliminated with respect to the patient and to any of the patient's relatives, employers, or household members.

Important: Even if HIPAA does not regulate the use of a dataset or permits its use or disclosure for research, federal regulations and University policies governing human subjects research may still apply. Contact IRB for more information at irb@umn.edu.

Data Element	De-Identified Data Set	Limited Data Set[1]
Names	Remove	Remove
Address, city and other geographic information smaller than state. 3-digit zip code may be included in a de-identified data set for an area where more than 20,000 people live; use "000" if fewer than 20,000 people live there	Remove	Remove postal address information other than city, town, state or zip code.
All elements of dates (except year); plus, age and any date (including year) if age is over 89. E.g., DOB, date of death, admission date, discharge date, service dates.	Remove	May be included.
Telephone, fax numbers, e-mail addresses, web URL addresses, IP addresses	Remove	Remove
SSN, medical record number, health plan beneficiary number, any account number, certificate or license number.	Remove	Remove
Vehicle identifiers and serial numbers, including license plate numbers	Remove	Remove
Device identifiers and serial numbers.	Remove	Remove
Biometric identifiers (e.g., fingerprints, voice prints, typing cadences).	Remove	Remove
Full-face photographs and any comparable images.	Remove	Remove
Any other unique identifying number, characteristic or code, including unique study ID.	Remove[2]	May be included[3]

University of Minnesota - HIPCO
De-Identified Data Sets and Limited Data Sets

[1] If PHI that is part of a Limited Data Set is to be sent from the University of Minnesota to a third-party entity, outside of UMP or MHealth Fairview, you must enter into a Data Use Agreement (DUA) with the data recipient. DUAs are handled by the UMN Sponsored Projects Administration Office. Please reach out to them at **ufra@umn.edu**. When a Data Use Agreement has been established, upload the signed agreement to the "supporting documents" section in ETHOS. If you do not have a DUA in place, you may continue with IRB submission, but you must complete a DUA before you can share the Limited Data Set with any third party. See **Transferring Research Data and Data Transfer & Use Agreements** for more information.

[2] Even if all information listed in the De-Identification column is removed, if the researcher knows that any remaining information in the data set could be used to re-identify a patient (e.g., a diagnosis code where the disease is very rare), the data set is not considered de-identified. Further, inclusion of a unique study ID that can be directly linked to research participant PHI does not meet the criteria for de-identification under HIPAA.

[3] If there is a direct link between a unique study ID and the PHI of the participant associated with the study ID, the dataset is considered to be part of a Limited Data Set. (LDS). If the unique study ID can be directly connected to a research participant's PHI, it means that it still retains the potential to re-identify the individual. HIPAA considers information to be de-identified only when there is no reasonable basis to re-identify an individual using that data (i.e. if study IDs are associated with aggregate data.)