



Identifiable Information: Information that may reasonably identify an individual, *alone or in combination with other available information*. There are two types of identifiable information:

Directly Identifiable Information– the information identifies a specific individual through direct identifiers (e.g., full name, employee ID, student ID, health card number, S.I.N., driver's license number, contact information, photos, recordings, etc.).

Indirectly Identifiable Information– the information can reasonably be expected to identify an individual either alone or through a combination of indirect identifiers (e.g., full date of birth, full date of death, clinical diagnosis, postal code, etc.). Indirectly identifiable information may vary depending on the context of the research and the population under investigation. For example, in some samples, age, gender, and ethnicity (or other basic demographic information) could potentially identify a participant. In others, professional position/rank could identify a participant, either alone or in combination with other information. Consider all information that will be collected from participants and determine whether there is a reasonable possibility that it may identify a participant and if these identifiers are necessary for the study. This is particularly important in studies where sample or cell sizes are small, and diseases being investigated are rare.

Anonymous data – the data set is collected without identifying information.

Anonymized data – The data set does not contain any identifiable information and there is no way to link the information back to identifiable information. The information is irrevocably stripped of direct identifiers, a **unique identifier, is not kept** for future re-linkage, and risk of re-identification of individuals from remaining indirect identifiers is low or very low.

De-identified – The data set does not contain any identifiable information, but there **is a way to link** the information back to identifiable information. Direct identifiers are removed from the information and replaced with a unique identifier. Depending on access to the unique identifier, it may be possible to re-identify specific participants (e.g., the Principal Investigator retains a list that links the participants' unique identifier with their actual name so data can be re-linked if necessary).

Note. Any data that is shared outside of IWK Health must not be traceable back to individual patients or specific populations (for example patient populations identifiable by specific diagnoses, postal codes etc.).

Patient identification data that must be excluded are:

- the patient's name
- Health Centre numbers (for example the unit number, account number)
- application specific numbers (for example the radiology number or prescription number)
- health card number
- health care provider identification
- place of residence
- date of birth
- unique personal characteristics

References

[Data Security and Confidentiality 08 Sept 2020.pdf \(uwo.ca\)](#)

[IWK - 319.1 - Security of Secondary/ Linked Databases Containing Health Centre Data](#)