

## Privacy, Safety & Social Security Numbers

Having an easy way to verify a patient's identity is important in several ways. Clinically, verifying the patient's identity before administering a treatment or performing a procedure can greatly reduce the number of medical errors and decrease morbidity and mortality. We know, for example, that medication errors alone are responsible for an estimated one of every 854 inpatient deaths annually in the U.S.<sup>1</sup> Organizationally, verifying identity helps to assure accurate record keeping and efficient operations. Patients' Social Security numbers (SSNs) provide convenient, unique identifiers and are often used. At the same time, however, using SSNs raises concerns about patient privacy and confidentiality, particularly because SSNs can provide easy access to all sorts of information about individuals, opening the door to potentially significant harms. Imagine, for example, someone with access to a patient's SSN using it to gain access to the individual's bank accounts or credit cards, or to defraud third-party payers. Health care organizations must meet the challenge of designing ways to provide care safely, operate efficiently, and safeguard patients' privacy.

### Privacy in Health Care

Patient privacy is a fundamental value in health care, rooted in the principle of respect for persons. It covers two related notions: personal privacy and informational privacy.

Respecting patients' personal privacy requires protecting patients' modesty (e.g., by providing curtains, gowns, appropriate environment for disrobing); allowing patients to control access to their own person (e.g., by providing reasonable opportunity to consent or decline to interact with particular individuals); and protecting patients from unintentional self-disclosure (e.g., by discussing treatment or condition in a setting where others will not overhear). JCAHO

**To assure that patients' personal information is not inadvertently disclosed, practitioners should:**

- **avoid using full Social Security numbers in humanly readable form on wristbands or in other contexts when they may be accessible to casual view**
- **store extra wristbands securely**
- **dispose of wristbands properly—incinerate or shred all copies of wristbands that do contain Social Security numbers or other identifiable information**

standards require that all hospitals respect the personal privacy of patients<sup>2</sup> and that the environment of care "supports the right of each patient to personal dignity."<sup>3</sup>

Respect for patients' informational privacy requires that authorized health care practitioners, managers, and others access only the specific patient information they need to perform their duties. Health care organizations ensure that information patients may have disclosed in confidence is not redisclosed to an unauthorized third party. The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) and VHA national policy (Handbook 1605.1, *Privacy and Release of Information*) establish standards for protecting the privacy of personal health information.<sup>4,5</sup>

### Verifying Identity & Protecting Privacy

JCAHO patient safety goals (for both hospitals and long-term care facilities) include improving the accuracy of patient identification. Standard PC.5.10.4 mandates using "at least two patient identifiers . . . whenever taking blood samples or administering

medications or blood products,”<sup>6</sup> but doesn’t specify what those identifiers should be.

Given concerns about confidentiality, especially in light of the growing problem of identity theft, are SSNs appropriate identifiers? That depends in part on the context of use. Using SSNs to identify medical records, to which a limited number of persons have (authorized) access is one thing. Using full SSNs where they will be open to casual public view—for example, on patient wristbands—is another. The latter is not consistent with high standards for ethical health care practice.

From an ethics perspective, using SSNs as identifiers in public contexts in effect puts the burden of protecting confidentiality on patients themselves. Patients and nursing home residents should not be asked to do that, even if they are capable of looking out for their own interests and appreciate the importance of safeguarding their information. No matter how capable patients may be, that doesn’t absolve health care organizations or practitioners of their ethical obligation to protect the well-being of persons in their care, including protecting identifiable patient information. And, obviously, patients or nursing home residents who are seriously ill or cognitively compromised must rely on others to protect them.

Facilities should recognize that there is no national policy in VA that requires them to use patients’ SSNs as identifiers on wristbands. To the contrary, VHA’s Privacy Office

discourages this practice. Facilities should consider employing some other identifier—for instance, a sequence that includes only the last 4 digits of the SSN or date of birth. (If a program officer determines that the SSN is the “minimum necessary” information for a particular purpose, practitioners should consult their privacy and security officers to assure that reasonable safeguards are put in place to protect privacy.)

VA’s National Bar Code Medication Administration (BCMA) project requires that every patient have a bar-coded wrist band with a unique identifier that enables the clinician to bring up the patient’s record when scanned, but not that wristbands use full SSNs in “human readable” form. In fact, for BCMA purposes the bands don’t have to be humanly readable at all—the primary concern is to assure that wristbands can be scanned accurately.<sup>7</sup>

Whatever the identifier used, facilities should ensure that wristbands are properly disposed of after they are removed from patients, and that extra patient wristbands are not stored in easily accessible areas, such as a medication drawer or taped to the doorway. According to the Privacy Office, wristbands containing SSNs, like other materials containing patient identifiers, should be incinerated or shredded.

Simple steps like these can help ensure that facilities safeguard privacy, while also protecting patients from medical errors and promoting efficient health care operations.

### References

1. Phillips DP, Christenfeld N, Glynn LM. Increase in US medication error deaths between 1983 and 1993. *Lancet* 1998;351(9103):643-4.
2. JCAHO Standard RI.2.130.
3. JCAHO Standard RI.2.10.3.
4. Health Insurance Portability and Accountability Act (1996), [Privacy Rule](#).
5. VHA Handbook 1605.1: [Privacy and Release of Information](#).
6. JCAHO Standard PC.5.10.
7. VA National Bar Code Medication Administration Program. [BCMA Facility Self-Assessment Guide \[Draft\]](#). October 2004.

The National Center for Ethics in Health Care is grateful to the following individuals for their assistance in preparing this issue of *In focus*: Stephania Putt, VHA Privacy Officer; Chris Tucker, Director, Bar Code Medication Administration Project (BCMA); and Gail Graham, Director, Health Information Management Program (HIMS)