

Before De-identification:

Patient Name: John Doe

Address: 1234 Main Street, Anytown, CA

Date of Birth: 01/01/1970

Phone Number: (555) 123-4567

Email Address: johndoe@gmail.com

Social Security Number: 123-45-6789

Medical Record Number: MRN123456

Health Plan Beneficiary Number: HPBN123456789

Full-face photograph of the patient.

After De-identification:

Patient Name: [Redacted]

Address: [Redacted], Apt. [Redacted]

Date of Birth: 01/01/1970

Phone Number: [Redacted]

Email Address: [Redacted]

Social Security Number: [Redacted]

Medical Record Number: [Redacted]

Health Plan Beneficiary Number: [Redacted]

Full-face photograph of the patient: [Removed or redacted]