

Pseudonym Client Registration

Introduction

1.1. Purpose

This Policy is to direct the practice of using a pseudonym (registration of a [Client](#) using a name other than their legal name) for those Clients who may perceive the use of their true demographic information as a barrier to accessing health services and wish to remain anonymous.

The purpose of this Policy is to:

- Establish the requirement for each [Health Organization](#) to have an approval body for [Pseudonym Registrations](#).
- Establish the requirement for Management to seek approval from their Health Organization's approval body before creating Pseudonym Records in their [Care Areas](#).
- Establish the requirement to audit use and ensure that Pseudonym Records are created in approved Care Areas only.
- Establish the requirement for education for both [Staff](#) and Clients on the implications of Pseudonym Records.
- Ensure Staff follow the procedures and guidelines as outlined in the Lower Mainland Consolidation (LMC) Pseudonym Client Registration Procedures and Guidelines document.

1.2. Scope

This is a joint policy between Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH).

This policy applies to Care Areas and Staff, who have been approved by their Health Organization's approval body to register and provide care to Clients in the Community and/or Public Health services across PHC, PHSA and VCH.

1.3. Exceptions

This Policy does not apply to:

- The [Registration Acute Systems](#) used by Lower Mainland hospitals and their associated outpatient Care Areas;
- The provincial [Ministry of Health \(MOH\) Enterprise Master Patient Index \(EMPI\)](#);
- Clients who require treatment covered by Medical Services Plan (MSP); and
- The following types of registration where the Client's legal name is not recorded:
 - Unknown/Unidentified Clients;
 - Pre-registered downtime or [Disaster Clients](#);
 - Clients illegally using another person's [BC Personal Health Number \(BC PHN\)](#) – where the established process for suspected fraudulent use of a BC PHN must be

followed (see [Section 5.1. Related Policies](#) for *Fraudulent Use of Personal Health Number Policy (PHC/VCH)*); and

- Test Clients – Clients that are created by system support groups to check the performance/functionality of a Registration System. These records do not represent real Clients.

Policy

2.1. Approval Body and Auditing Use of Pseudonym Records

Each Health Organization is responsible for:

- Creating one or more approval bodies, or delegating to an existing body that has appropriate subject matter expertise to approve these requests e.g. Operational Leadership Committee; and
- Documenting the process for requests to register Pseudonym Records in a new Care Area.

Care Areas must have approval from the Health Organization's approval body before registering Pseudonyms.

Each Health Organization is responsible for creating/identifying a data quality team who will audit use and follow-up with unapproved Care Areas creating Pseudonyms.

Management must inform the designated data quality team that their Care Area has been approved to create Pseudonym Records.

2.2. Registering a Pseudonym Client

As per the LMC Pseudonym Client Registration Procedures and Guidelines document:

2.2.1 Naming Conventions

Staff must follow the Pseudonym Client naming conventions for registering a Pseudonym.

2.2.2 [Duplicate](#) and [Overlay](#) Records

Staff must avoid the creation of Duplicate and Overlay Records, wherever possible. Clients should only have one electronic health record.

2.2.3 A Pseudonym Record must not be Converted to a [Nominal Record](#) and Vice Versa

Should a Pseudonym Client agree to be fully identified, Staff must not convert a Pseudonym Record to a Nominal Record - both the Pseudonym and Nominal Records will exist for the Client.

Conversely, Staff must not convert a Nominal Record to a Pseudonym Record - a new Pseudonym Record must be created.

2.3. Pseudonym Records Creation Restrictions

Care Areas that have not received approval to create Pseudonym Records are to register Clients by following the standard Nominal Registration process (See [Section 5.1. Related Policies](#))

2.3.1 Limit the sharing of Pseudonym Records

Pseudonym Records must not be shared with the EMPI and CareConnect. Technical provisions must be in place to recognize Pseudonyms and prevent them from being shared with such systems.

2.3.2 No BC PHN in Pseudonym Records

Staff must ensure that the Client's actual BC PHN is not included in their Pseudonym Record.

Responsibilities

3.1. Health Organization's Approval Body

The Health Organization's approval body will:

- Document the process to evaluate all requests from Management asking for approval to create Pseudonym Records in their respective Care Areas; and
- Ensure there is appropriate engagement with Risk Management, Privacy and Professional Practice; and
- Consult the Office of HIM Registration Standards and Data Quality Department as needed.

3.2. Management

Management must:

- Seek approval from the Health Organization's approval body before registering Pseudonyms in their Care Area;
- Seek input from the Health Organization's IMITS, Risk Management, Privacy and Professional Practice to assess registration workflow;
- Inform their designated data quality team that their Care Area has been approved to create Pseudonym Records;
- Ensure that all Staff are educated to recognize Pseudonyms in the system; and
- Ensure that Staff registering Clients are educated on the processes and implications of registering with a Pseudonym as per the LMC Pseudonym Client Registration Procedures and Guidelines document.

3.3. Staff providing Care to Clients Registering with a Pseudonym

Staff in these areas must:

- Receive education and understand the processes and implications associated with Pseudonym Records; and

- Inform all Clients who are considering using a Pseudonym of the associated risks of using a Pseudonym Record and ensure they have full understanding of the implications as per the LMC Pseudonym Client Registration Procedures and Guidelines document.

3.4. Health Information Management

Health Information Management Executive Director will:

- Liaise with the Registration Standards and Data Quality Department to establish and maintain this Policy with regards to the rules for registering Pseudonym Clients; and
- Liaise with the Registration Standards and Data Quality Department to provide support to Health Organization Approval Bodies, management and Staff as needed.
- Coordinate with the Lower Mainland Customer Services Committee to support new requests for Pseudonym registration.

Compliance

All Staff members are responsible for adhering to this Policy and monitoring their activities in accordance with the Policy. Staff members may remind others of this policy. Failure by Staff to comply with this Policy may result in disciplinary action up to and including termination of employment, services or privileges.

Supporting Documents

5.1. Related Policies

- [Authentication of Clients](#) (VCH)
- [Identification of Clients Accessing Health Services](#) (PHC)
- [Patient/Client/Resident Identification](#) (PHC/PHSA/VCH)
- [Fraudulent Use of Personal Health Number](#) (PHC/VCH)

5.2. Guidelines/Procedures/Forms developed by HIM Registration Standards and Data Quality Business Analysts

- [LMC Sighting Client Identification](#)
- [LMC Pseudonym Client Registration Procedures and Guidelines](#)

Definitions

“BC Personal Health Number (BC PHN)” means a unique numeric identifier assigned to each person who obtains health services in British Columbia. This includes non-residents (e.g. a Client from out of country) and those persons who are ineligible for Medical Services Plan (MSP). Assigning a BC PHN to a Client does not make them eligible for publicly funded health care via MSP.

“Care Area” means a particular site, clinic, location/service providing care to Clients.

“Client” means a patient, resident or person receiving care or services from any sites under PHC, PHSA and VCH.

“Disaster Clients” mean pre-registered records with generic identifiers for use during a Code Orange.

“Duplicate Record” means when more than one health record is created for one Client. Each record is incomplete as the information has been divided amongst them.

“Health Organization” means Providence Health Care, Provincial Health Services Authority and Vancouver Coastal Health.

“Ministry of Health (MOH) Enterprise Master Patient Index (EMPI)” means the BC Ministry of Health’s database, which contains Client demographic information and personal health numbers (PHNs) of all Clients who access healthcare in BC, including residents and visitors.

“Nominal Client/Record/Registration” means a Client who agrees to disclose their true legal personal identity in their health record and can be fully identified. It is a record/registration which includes true demographic information.

“Overlay Record” means when one health record includes information for more than one Client.

“Pseudonym Client/Record/Registration” means a Client who does not intend to have their true identity known in a health record. The Client’s name follows an established naming convention that is easily identifiable and consists of a standardized prefix and a pseudonym of the Client’s choosing.

“Registration System” means the electronic computer system used to register Clients and record their health information.

“Staff” means all employees (including management and leadership), medical staff, residents, fellows and trainees, health care professionals, clerks, students, volunteers, contractors, researchers and other service providers engaged by PHC, PHSA and VCH.

References

Government of British Columbia (2017). HIV and HIV Tests. HealthLinkBC. Retrieved from <https://www.healthlinkbc.ca/healthlinkbc-files/hiv>

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Government of British Columbia (n.d). HIV Testing Guidelines for the Province of British Columbia. Office of the Provincial Health Officer. Retrieved from <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/hiv-testing-guidelines-bc.pdf>

Salway-Hottes, T., & Gilbert, M. (2012). Anonymous HIV Testing: Evidence Review and Environmental Scan. Retrieved from http://www.bccdc.ca/resource-gallery/Documents/Clinics%20and%20Programs/Programs/STI/STI_AnonHIV_Review_Scan_20130507.pdf

Smartsex Resource. *HIV Anonymous Testing*. Retrieved from <https://smartsexresource.com/topics/hiv-anonymous-testing>

7.1. Legislation

E-Health Act, SBC 2008, c. 38.

Freedom of Information and Protection of Privacy Act, RSBC 1996, c.165.

Health Authorities Act, RSBC 1996, c. 180.

Ministry of Health Act, RSBC 1996, c. 301.

Personal Information Protection Act, SBC 2003, c. 63.

Public Health Act, SBC 2008, c. 28.

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