Displaying Sensitive Data Guide

August 2019

Department of Veterans Affairs

Revision History

Date	Version	Description	Author
August 2019	2.1	Updated to align with current OIT Documentation Standards and to conform with current Section 508 guidelines	Quality Continuous Improvement Organization (QCIO)
May 2014	2.0	Update to MS Office 2010 .docx format and current Process Management and Section 508 standards	Process Management
June 2012	1.2	Update to current ProPath documentation standards and edited for Section 508 conformance	Process Management
October 2010	1.1	Removed references to OED, removed references to SOP, updated Process Management Service mail group link, updated the VDL link text and link	Process Management Service
7/29/09	1.0	Initial version	OED Process Management Service

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Purpose

The purpose of this guide is to ensure that all sensitive data presented in package documentation, presentations, or any other documents prepared for public use or display (such as monographs and web pages) follow the same standard format.

1. All development teams shall adhere to this guide when creating documentation, presentations, or other written or visible means of displaying sensitive patient data.

2. According to the Health VHA Handbook 1605.1 Appendix B sensitive data is described as the following:
   NOTE: Any of the below sensitive data not specifically addressed in this directive must be reviewed and altered to ensure it is not tied to any real patient data. Items 1-5 are specifically addressed in this guide. All other items must be reviewed and altered to ensure that they are not tied to any real patient data.

   a. Social security numbers

   b. Patient names

   c. Provider names

   d. Claim number

   e. Service number

   f. Next of kin

   g. Alias

   h. Telephone numbers

   i. Fax numbers

   j. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death

   k. Electronic mail addresses

   l. Medical record number

   m. Health plan beneficiary numbers

   n. Account numbers

   o. Certificate/license numbers

   p. Vehicle identifiers and serial numbers, including license plate numbers

   q. Device identifiers and serial numbers

   r. Biometric identifiers, including finger and voice prints

   s. Full face photographic images and any comparable images

3. Only available end-user documentation for all current applications (software packages) shall be placed on the VA Software Document Library (VDL). Documents related to development or documents from outside sources shall not be placed on the VDL.

4. It shall be the responsibility of the author of the document(s) for any end-user documentation not written by the Technical Writer, or designee, for which the application is applicable to ensure that this guide is followed.

Responsibilities

1. **Development Manager**. The Development Manager is responsible for:

    a. Ensuring that all staff follow the procedures as outlined in this guide

    b. Requesting waivers, when received from the Technical Writer or team members, from the Process Management Service

2. **SQA Analysts**. The project team SQA Analysts are responsible for:

    a. Reviewing all documentation, presentations, and any other documents used for public use or display to ensure the sensitive data presented follows this guide

    b. Preparing for and participating in random internal and external program assessments

3. **Technical Writers** and other staff that produce documents for public use. The project team technical writers or other staff are responsible for:

    a. Ensuring that the abbreviated application names are used anywhere sensitive patient/staff data may be displayed

    b. Ensuring that only end-user documentation is placed on the VistA Documentation Library (VDL)

    c. Requesting waivers, when needed, from the Development Manager

    d. Preparing for and participating in random internal and external program assessments

4. **Development Teams. The project team members are responsible for**:

    i. Ensuring that this guide is followed anywhere sensitive patient/staff data may be displayed

    ii. Requesting waivers, where needed, from Process Management Service

Steps

1. **Social Security Numbers, Claim Numbers, Service Numbe**rs

    a. The following format shall be followed for referencing Social Security Numbers (SSNs), Claim Numbers, or Service Numbers in any written material containing patient data

    NOTE: Guidance has been provided by the Social Security Administration (SSA) for this purpose.

     b. SSA has indicated that social security numbers beginning with the series 000 or 666 should be used as display numbers. These series have not and likely never will be issued as valid SSNs.

2. **Patient Names**

     a. The following format shall be followed for referencing patient names anywhere sensitive patient/staff data may be displayed

     b. The patient name shall be constructed from the abbreviated application name concatenated with "patient" for the last name and the use of textual numbers or a numeric for the first name. An alpha character or numeric can be added to the last name to make it more distinctive in recognizing specific test entities (e.g. CPRSpatient, One; CPRSpatient2, One; CPRSpatientA, One; CPRSpatient, 12)

     c. The list of approved abbreviations contains the format for the way patient names should be displayed

3. **Provider/Physician Names**

     a. The following format shall be followed for referencing provider/physician names anywhere sensitive patient/staff data may be displayed

     b. The provider name shall be constructed from the abbreviated application name concatenated with "provider" for the last name, and the use of textual numbers or a numeric for the first name. An alpha character or number can be added to the last name to make it more distinctive in recognizing specific test entities. (e.g., CPRSprovider, One; CPRSprovider1, One; CPRSproviderB, One; CPRSprovider, 12)

     c. The list of approved abbreviations contains the format for the way patient names should be displayed. In this instance, you should replace the word 'patient' with 'provider'
     NOTE: If a project team requires naming conventions for role-specific name related to the medical field (i.e., nurse, tech, pharmacist, etc.), it is recommended that the abbreviated application name is used concatenated with the role-specific name.

4. Any sensitive data not specifically addressed in this directive must be reviewed and altered to ensure it is not tied to any real patient data.

Processes and Related References

None