



Standard Guide for Implementation of a Voluntary Universal Healthcare Identification System¹

This standard is issued under the fixed designation E2553; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This document describes the implementation principles needed to create a Voluntary Universal Healthcare Identification (VUHID) system. The purpose of this system is to enable unambiguous identification of individuals in order to facilitate the delivery of healthcare.

1.2 The VUHID system should be dedicated exclusively to the needs and functions of healthcare.

1.3 The VUHID system is designed to represent no, or at least minimal, increased risk to healthcare privacy and security.

1.4 The system should be as cost-effective as possible.

1.5 The system must be created and maintained in a way to provide sustained benefit to healthcare.

1.6 The system should be designed and implemented in a manner that ensures that it can operate indefinitely.

1.7 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 *ASTM Standards:*²

E1714 Guide for Properties of a Universal Healthcare Identifier (UHID)

2.2 *Other Standard:*

AIIM Standard PDF417 Bar-coding

3. Terminology

3.1 *Acronyms:*

3.1.1 **2D**—two dimensional

3.1.2 **CDO**—care delivery organization

3.1.3 **EMPI**—enterprise master patient index

3.1.4 **MO**—managing organization

3.1.5 **OVID**—open voluntary healthcare identifier

3.1.6 **PVID**—private voluntary healthcare identifier

3.1.7 **VUHID**—voluntary universal healthcare identification

4. Summary of Guide

4.1 The VUHID facility described in this guide is responsible for issuing unique personal healthcare identifiers to any cooperating EMPI facility (defined below) upon receipt of an authenticated request. The issued identifiers must be consistent with Guide **E1714** and, as appropriate, would consist of both ‘open’ OVIDs (Open Voluntary Healthcare Identifiers) as well as PVIDs (Private Voluntary Healthcare Identifiers). This document will refer to any identifier issued by the VUHID, whether OVID or PVID, as a VUHID identifier. OVIDs are used to provide linkage of healthcare information for circumstances where the identity of the associated person is meant to be freely accessible. PVIDs (which exist in various privacy classes) permit linkage of various healthcare data items where the identity of the associated individual is *not* meant to be publicly available.

4.2 The VUHID system should be created as a secure high-availability server on the Internet which communicates exclusively with cooperating EMPI facilities using secure communication techniques. The VUHID facility issues identifiers and is responsible for maintaining policies and procedures relating to various classes of PVIDs. It does *not* store patient identification, demographic information, or clinical information and for this reason does not represent a security or privacy vulnerability. (See Section **12** for a description of how this approach is implemented when issuing a new identifier.) The VUHID facility should receive requests for information relating to a given identifier and distribute those requests to all cooperating EMPI facilities in order to fulfill the information sharing goals associated with unambiguous patient identification.

4.3 The identifiers issued by the VUHID facility can be used, consistent with the policy established for each identifier class, by all of the participating healthcare facilities interacting

¹ This guide is under the jurisdiction of ASTM Committee **E31** on Healthcare Informatics and is the direct responsibility of Subcommittee **E31.35** on Healthcare Data Analysis.

Current edition approved March 1, 2013. Published March 2013. Originally approved in 2007. Last previous edition approved in 2007 as E2553-07. DOI: 10.1520/E2553-07R13.

² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.