

Confidential CAREWare Client Identifiers - Appendix A

Confidential CAREWare Client Identifiers

The following identifiers of an individual, or of relatives, employers or household members of an individual, are considered confidential for the purposes of the sharing of CAREWare data. **You cannot share any of these identifiers electronically unless the electronic transmission is encrypted.** This list is not exhaustive; please contact the Reporting Unit of the HIV/AIDS and Hepatitis Section at 850-245-4334 if you have any questions.

CAREWare Data Fields

Information in the DEMOGRAPHICS TAB

- Legal First Name
- Any alias or nickname
- Middle Name
- Legal Last name
- Date of Birth (except year; and all ages over 89 and all elements of dates [including year] indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older)
- Address
- City
- Zip Code
- County
- Phone Number
- HIV+ Date (except year)
- AIDS Date (except year)

Information in the SERVICE TAB

- Deceased Date (except year)
- Enrl Date (except year)
- Service Details
 - Date (except year)
- HIP Enrl Date (except year)

Information in the ENCOUNTERS TAB

1. Vital Signs Sub-Tab

- Estimated Conception Date (except year)
- Prenatal Begin Date (except year)
- Delivery/Outcome Date (except year)

2. Medications Sub-Tab

- Every time medication is prescribed complete as applicable: Start, Stop, Correct Data Error, or Change Dose (except year)

3. Labs Sub-Tab

- Test Date (except year)

4. Screening Labs Sub-Tab

- Test Date (except year)

5. Screening Sub-Tab

- Test Date (except year)
- Action Date (except year)
- Annual TB Screening Date (except year)
- Pap (except year)

6. Immunizations Sub-Tab

- Hep B, Date of Shots (except year)
- Hep C, Date of Shots (except year)

Information in the UNIQUE ID TAB

- **Do not e-mail any scanned document unencrypted**
- Medicaid #
- Medicare #
- PAC #
- Social Security #
- Date eligibility expires (except year)

Required Information in the FORMS TAB

- Eligibility Staff Assessment Worksheet
- Insurance Waiver Form
- Notice of Eligibility or Ineligibility
- Six Month Recertification

Protected Health Information, as per 45 CFR 164.514

- Names
- All geographic subdivisions smaller than a State, including street address, city, county, precinct and zip code
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older

- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record number
- Unique Record Number (URNs)
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic or code