

A photograph of two women smiling warmly at the camera. The woman on the left is older, with white hair and glasses, wearing a light blue top and a grey cardigan. The woman on the right is younger, with dark curly hair, wearing a grey and white striped sweater. The background is a soft-focus outdoor setting. The image is framed by large, abstract shapes in green, red, and blue.

EMPOWERING
PEOPLE TO IMPACT
HEALTH®

**AHIMA Naming Policy
Framework 2023: Essential
Person Demographic Data
Elements for Electronic
Health Information**

AHIMA[®]
American Health Information
Management Association[®]

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INTRODUCTION - ONGOING PATIENT MATCHING CHALLENGES

Capturing essential, standardized demographic data elements to identify and match person(s) to their health record is the starting point of trusted and reliable data and foundational to the success of data sharing through electronic health information (EHI) exchange. Patient identification techniques implemented worldwide have resulted in no single solution with a 100 percent match rate.¹

One way that patient matching could be improved is through the development and widespread adoption of standards for the demographic data elements that are relied on every day for matching patient records.²

Please note there is a change from previous terminology in this version with a move from “patient index” to “person(s) index” to capture additional persons (in addition to the patient) such as parents, guardians, guarantors, and caregivers.

AHIMA has created this person(s) demographic data element framework to assist in identifying and matching person(s) in health information technology (IT) systems.

Patient matching and record linking continues to be a major challenge for healthcare.³ Inaccurate patient matching can lead to fragmented or duplicate patient records, which can lead to:

- Delayed, inappropriate, or unnecessary care
- Reduced utility and trust in patient data for research
- Inaccurate analysis and reporting
- Inefficiencies in care coordination, prior authorization, and billing
- Challenges with fraud detection and unauthorized disclosures
- Decreased or limited interoperability⁴

A 2022 research study conducted by [Patient ID Now](#) revealed organizations are spending 110 hours per week resolving patient identity issues, one-third are spending \$1 million annually on patient matching, and 70 percent of respondents agreed or strongly agreed that patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.

Additionally, the presence of record overlays and duplication, combined with clinical information, have a disproportionate impact on underserved communities, potentially exacerbating existing health disparities.⁵ According to OCHIN⁶ and the patient population they serve, duplicate records for underserved communities are double and triple compared to the average population percentage. For example, black persons make up 13 percent of OCHIN’s person population, but 21 percent have duplicate records. Hispanic/Latino persons make up 21 percent of the population, and 35 percent have duplicate records.



NAMING POLICY FRAMEWORK

GUIDING PRINCIPLES

As professionals committed to excellence in health information for the benefit of persons and providers, AHIMA believes the healthcare ecosystem has an obligation to capture and manage high-quality data where integrity is foundational to health data being accurate, complete, and timely throughout its lifecycle. Consistent with these principles, the guidance and best practices in this updated framework build upon existing industry guidance and practices to standardize person(s) demographic data elements.

AHIMA's previous 2022 version entitled, [Recommended Data Elements for Capture in the Master Patient Index \(MPI\)](#), is recognized in the "Representing Patient Names" section of the Office of the National Coordinator for Health IT's (ONC) [Interoperability Standards Advisory \(ISA\) model within the Patient Identity/Identification Management](#). Public feedback is requested.



Source: [Social Determinants of Health: Improving Capture and Use by Applying Data Governance Strategies](#)

AHIMA defines data quality and integrity as "the extent to which healthcare data are complete, accurate, consistent and timely throughout its lifecycle including collection, application (including aggregation), warehousing and analysis."

CALL FOR STANDARDIZED NAMING POLICY

AHIMA calls for the adoption and use of this person(s) demographic data element framework. This standardized framework serves as a *rising floor* (expected to change over time as technology and operational procedures evolve) and represents what is deemed current operational best practice by a national workgroup of subject matter experts who met over several months to inform the development of this framework.

A Naming Policy or Naming Convention Policy are organizational policies that provide structure for data entry and collection of essential data elements in health IT system(s).

They:

- Support patient safety and the goal of health records accurately linked to one another to enable a complete picture of the person's health information presented at the time and place the provider is treating the person.⁷
- Are well-known to health information (HI) professionals who are familiar with how they are structured, administered, and managed.

Unfortunately, naming policies are not standardized across the healthcare ecosystem where they are implemented in a myriad of ways. The lack of naming standardization can create inefficiencies and inaccuracies and are seen within the process of identifying and matching person(s) to their health record as well as in large data set migrations.

The framework recognizes today's ecosystem where:

- Essential person(s) demographic data are being captured and managed beyond the Master Person Index (MPI) and the Enterprise Master Person Index (eMPI).
- Entities collect and share EHI (e.g., through third-party applications to process patient-directed health data requests).

AHIMA seeks engagement with the framework by:

- Comparing and contrasting the components of the 2023 AHIMA Naming Policy Framework to organizational policy that outlines how person demographics (refers to all non-clinical data about a person, including name, date of birth, address, phone number, email address, sex, race, etc.⁸) are collected in health IT systems.
- Reviewing The Office of the National Coordinator for Health IT's (ONC) Interoperability Standards Advisory (ISA) model within the Patient Identity/Identification Management site, paying particular attention to the "[Representing Patient Names](#)" section where AHIMA's Naming policies are listed. Provide feedback to the ONC on the site.
- Discussing the components with internal stakeholders as well as technology partners, identifying any system constraint(s) that may need attention before implementation. For example, recognizing that whenever source technology is unable to collect data in the recommended manner or within a certain field length, the organization should discuss with information technology leadership/partner to address enhancing the platform to accommodate.
- Accepting additional feedback by emailing knowledge.practice@ahima.org.

Additionally, AHIMA recommends following [HL7® and Fast Healthcare Interoperability Resources \(FHIR\)](#) current standards and mapping guidelines for MPI Person Identification Segments. A discussion should be initiated with the organization's technology partners for current version information. It is also recommended to follow best practice guidance in compliance with other standards such as Prescription Drug Monitoring Program (PDMP)'s [American Society for Automation in Pharmacy's \(ASAP\)](#).

AHIMA NAMING POLICY FRAMEWORK⁹

AHIMA recommends the following guidance.

COMPLETE LEGAL NAME

Maintaining the highest level of data quality and integrity in health IT systems begins with the collection of a person's complete legal name prior to a healthcare visit/encounter.

The name entered should mirror a government-issued identification, such as, but not limited to, birth certificate, passport, military ID, or driver's license, [REAL ID](#), or as altered by a legal name change event. Events altering the legal name include, but are not limited to, marriage, divorce, adoption, or a court-approved name change.

Organizational policy may dictate the collection of certain data elements to fulfill billing and payment requirements such as the name on the health insurance card. AHIMA recommends aligning with the Health Insurance Information section in [USCDI V3](#) related to "Subscriber Identifier" and "Member Identifier." AHIMA further recommends adding "Relationship To Subscriber" to enhance familial matching.

AHIMA recognizes the LEGAL NAME may differ from a person's PREFERRED NAME, NICKNAME, or ALIAS NAME(S) and that LEGAL NAME may appear differently on two (2) or more government-issued identifications.

For successful person matching, AHIMA recommends mirroring a government-issued identification. **Table 1** displays forms of identification to be considered for inclusion/exclusion in organizational policy:

Table 1

Current Passport or Passport Card
REAL ID
Photo ID, State or another jurisdiction
Military ID
Marriage Certificate or Divorce Decree
Legal Custody/Guardianship Papers
University/College ID Card with name and photo
Unexpired Temporary Driver's License or ID Card with receipt



Additional operational considerations should include:

- A process for persons who may *not* possess a government-issued identification at the point of registration
- State level legal naming requirements
- Areas that use numbers in name fields such as correctional institutions and employee health

Table 2 provides examples of how COMPLETE LEGAL NAMES should be captured.

Table 2: Complete Legal Name Examples¹⁰

Name provided at Registration	Legal Name Verified on Government-Issued ID	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
Harvey Garcia Rodriguez	HARVEY DAVIS GARCIA-RODRIGUEZ	HARVEY	DAVIS	GARCIA-RODRIGUEZ
C Nguyen	C N NGUYEN	C	N	NGUYEN
Wayne Martinez	R D WAYNE MARTINEZ	RD	WAYNE	MARTINEZ
Grace Jones	GRACE 7 JONES	GRACE	7*	JONES
Elena Lusk	ELENA LUSK	ELENA		LUSK
Patty Anderson		PATTY		ANDERSON
Drake	Drake	DRAKE		DRAKE

*NOTE: Health IT systems should be evaluated to include numeric values, hyphens, and symbols in name fields. For guidance on using hyphens, see [HYPHENS, APOSTROPHES and PUNCTUATION](#) section. AHIMA recommends capture of hyphens, however, does not recommend other punctuation in the NAME field.

FIRST/GIVEN NAME FIELD

- If a person's FIRST NAME or GIVEN NAME is two or more names, collect all in the FIRST/GIVEN NAME field as represented on the form of identification (i.e., with the space between the two; or with the hyphen if present).
- If a person's FIRST NAME is an initial, place the initial in the FIRST NAME field.
- Periods (.) after initials should not be collected.
- Examples of the FIRST NAME field are shown below in **Table 3** using the following information:
 - One First Name: Chelsea
 - Two First Names: Chelsea Maria
 - Two First Names exist with hyphen: Chelsea-Maria
 - Two or more names should not be captured as one full name.
For example: ChelseaMaria

Table 3: First Name Field

CIRCUMSTANCE	FIRST NAME(S)
First Name is an initial	C
One First Name exists	CHELSEA
Two First Names exist	CHELSEA MARIA
Two or more First Names exist	CHELSEA MARIA ANNE
Two First Names exist with hyphen	CHELSEA-MARIA

MIDDLE NAME FIELD

- Collect the MIDDLE NAME in its entirety if it is listed on the government-issued identification.
- Do not abbreviate the name by capturing only the middle initial.
- Periods (.) after initials should not be collected.
- If the person's MIDDLE NAME is an initial(s), the initial(s) should be collected. However, the period should not be included.
- If the person does not have a MIDDLE NAME, the field should be left intentionally blank.
- If the person's MIDDLE NAME is two names, collect them both in the MIDDLE NAME field with a space between the two.
- Examples of the MIDDLE NAME field are shown below in **Table 4** using the following information:
 - One Middle Name: Malia
 - Two Middle Names: Malia Anne
 - Two Middle Names exist with a hyphen: Malia-Anne
 - Legal Middle Name is initial(s): M or MA
 - No Middle Name: Field left intentionally blank
 - Two or more names should not be captured as one full name. For example: MaliaAnne

Table 4: Middle Name Field

CIRCUMSTANCE	MIDDLE NAME(S)
One Middle Name exists	MALIA
Two Middle Names exist	MALIA ANNE
Two Middle Names exist with a hyphen	MALIA-ANNE
Legal Middle Name is initial(s)	M or MA
No Middle Name	Intentionally left blank

LAST/SURNAME NAME FIELD

This field may also be known to persons as SURNAME or FAMILY NAME.

It is important to note that FAMILY NAME is not the same as PREVIOUS or MAIDEN NAME. AHIMA recommends transitioning away from the term “MAIDEN” and adopting a more inclusive gender-neutral term, “PREVIOUS.”

If the person has two or more last names, a space or hyphen (depending on government-issued ID) should be entered between the names.

Examples of LAST NAME Field are shown below in **Table 5** using the following information:

- *One Last Name: Garcia*
- *Two Last Names: Garcia Lopez*
- *Two Last Names exist with a hyphen: Garcia-Lopez*
- *Three or more Last Names: Garcia Lopez Hernandez*
- *Three or more Last Names exist with a hyphen: Garcia Lopez-Hernandez Smith-Jones*

Table 5: Last Name Field

CIRCUMSTANCE	LAST NAME(S)
One Last Name exists	GARCIA
Two Last Names exist	GARCIA LOPEZ
Two Last Names exist with a hyphen	GARCIA-LOPEZ
Three or more Last Names exist	GARCIA LOPEZ HERNANDEZ
Three or more Last Names exist with one hyphen present	GARCIA LOPEZ-HERNANDEZ
Three Last Names with two hyphens exist	GARCIA LOPEZ-HERNANDEZ SMITH-JONES

TRUNCATING NAMES

AHIMA recommends that HI professionals work with their health IT vendors to ensure that the person's name can be collected in its entirety. AHIMA further recommends working with vendors to increase the maximum number of characters in the field if needed. This will allow the person's entire name to be viewable and accessed elsewhere in the health record.

If the health IT system field does not allow capture of the full name because of the field length, truncating is necessary. In this case, capture as many letters of the name as possible and do not abbreviate.

"Truncate" may be defined as removal of the last letter(s) to accommodate field length. For example, if the field length is six letters for the last name "Andersen," the name would be truncated as "Anders." See additional examples for recording MULTIPLE NAMES in **Table 7**.

PREFIXES AND SUFFIXES

SUFFIXES

- AHIMA recommends capturing SUFFIXES listed on government-issued identification.
- It is not recommended to place a SUFFIX in the FIRST, MIDDLE, or LAST name field(s).
 - If the health IT system does not have a discrete SUFFIX field, it is recommended to capture the SUFFIX in the LAST NAME field with a space between LAST NAME and SUFFIX for patient matching purposes.
- Numbers should not be used to represent suffixes. See preferred examples below.
- Periods (.) after initials should not be collected.
- **Table 6** provides examples of how suffixes should be captured.
- For military ranks, refer to the [ONC AHIMA Companion Guide](#) and [the U.S. Department of Defense's U.S. Military Rank Insignia resource](#).
- Examples of SUFFIXES:
 - JR
 - SR
 - II
 - III
 - IV
 - V

Table 6: Suffix Examples

LEGAL NAME VERIFIED BY GOVERNMENT-ISSUED ID	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD	SUFFIX FIELD
James R. Billings Jr.	JAMES	R	BILLINGS	JR
Charles Wayne Miller III	CHARLES	WAYNE	MILLER	III

PREFIXES

AHIMA aligns with the [ONC Best Practices for Data Capture for Prefixes](#),¹¹ which states: “Prefixes should be used for professional or religious titles or honorifics such as: Doctor, Sister, Father, Professor (could routinely be entered using typical two-character designations – Dr, Sr, Fr). It is not necessary to collect common prefixes such as Mr, Mrs, Ms, and Miss.” However, the capture of PREFIXES may be culturally appropriate for certain persons and/or patient populations, and these should be addressed in organizational policy.

Prefixes should be captured in designated discrete data fields specifically developed for this purpose. PREFIXES should not be used in the FIRST NAME field.

It should be noted that while PREFIXES are typically not used in the person matching process, they are a foundational data element that needs to be collected to properly address person(s).

UNIDENTIFIED INDIVIDUALS

- This term refers to persons who are not identified by proper identification such as persons who present as trauma cases or other persons who may not be aware or able to provide their identity. It is important to note that this term does not refer to NEWBORN or FETAL care.
- AHIMA recommends the exploration of a system-generated, randomized naming system in place of using generic naming conventions for unidentified individuals such as “Doe,” “John Doe,” or “Jane Doe” to avoid multiple overlays where the incorrect patient is matched with another patient’s record.
- During the period when the person is identified under the UNIDENTIFIED name, it is important to add the COMPLETE LEGAL NAME to an ALIAS as soon as it is known.
- AHIMA recommends a report from the person index be generated on a consistent basis to identify and update UNIDENTIFIED persons.

RECORDING MULTIPLE/MULTICULTURAL NAMES

It is common for people to have more than one name in a single field. For example, a person may have two first names such as “Mary Elizabeth” or multiple last names such as “Smith Jones” or “Smith-Jones.”

AHIMA recommends capture of each name within the appropriate respective field; FIRST, MIDDLE, and LAST. To ensure standardization, it is recommended that multiple names be captured in their entirety as represented on the government-issued ID. It is important to note that the government-issued ID may not clearly delineate the sections of the name and/or multiple government-issued IDs may show multiple names differently. In the instance where organizations are unable to capture multiple names as listed on the government-issued ID (e.g., system limitations, third-party integration), AHIMA recommends following the organization’s policy. **Table 7** provides examples of multiple/multicultural names.

In cases where the name may contain more characters than the field allows, refer to the section on TRUNCATION.

Table 7: Recording Multiple/Multicultural Names

NAME PROVIDED BY PERSON	NAME ON GOVERNMENT-ISSUED ID	FIRST NAME	MIDDLE NAME	LAST, SURNAME OR FAMILY NAME
Juan Martinez	Juan Pablo Rodriguez-Martinez	Juan	Pablo	Rodriguez-Martinez
Eleanor DeRoche foucauld	Eleanor Elizabeth DeChaterlerault DeRoche foucauld Aquitaine	Eleanor	Elizabeth	DeChaterlerault DeRoche foucauld Aquitaine ¹²
Kim Young	Young Kim	Young		Kim
Yao Ming	Ming Yao	Ming		Yao
Abdulaziz Bin Mohamed Al Nasser		Abdulaziz	Bin Mohamed	Al Nasser
Gumasha Said Ahmed Al Tuwajiri	Gumasha Said Ahmed Al Tuwajiri	Gumasha	Said Ahmed	Al Tuwajiri

CULTURAL VARIATIONS IN NAME

Table 8 provides examples for cultural variations in collecting name(s). If the person’s name has an identical FIRST and LAST name, the middle name should be intentionally left blank.

Example: Thomas (FIRST) Thomas (LAST).

If the person’s name is only a FIRST and MIDDLE name, the FIRST name should be populated in both the FIRST and LAST name fields. Add the middle name if known.

Example: Gudrun (FIRST) Anna (MIDDLE).

Table 8: Cultural Variation Name

FIRST NAME	MIDDLE NAME	LAST NAME
Thomas		Thomas
Gudrun	Anna	Gudrun

SINGLE LEGAL NAME

An individual who is known and addressed by a SINGLE LEGAL NAME or mononym is a mononymous person. In some cases, a mononym selected by an individual may have originally been from a polynym, a word which refers to one of many names for a person or an object. In some cases, SINGLE LEGAL NAME has been determined by the custom of the country or may be a preference of the individual.

- If the person's name is a SINGLE LEGAL NAME, record the NAME in both the FIRST and LAST name fields.
- Leave the MIDDLE NAME field blank intentionally.
- An example of SINGLE LEGAL NAME is shown below in Table 9 using the following information:
 - One SINGLE NAME: Drake

Table 9: Single Legal Name

FIRST NAME	MIDDLE NAME	LAST NAME
Drake		Drake

NEWBORNS

The following guidelines and examples of newborn naming conventions are influenced by The Joint Commission's National Person Safety Goal and the Children's Hospital Association's 2021 publication, Health Information Management Best Practices: Identification Interoperability and Person Matching.¹³

DISTINCT NEWBORN NAMING CONVENTIONS

During the interval between birth and when the infant's birth certificate is completed, AHIMA recommends the following: The Joint Commission's National Person Safety Goal NPSG.01.01.01 to distinctly identify newborns:¹⁴

"Use distinct methods of identification for newborn persons. Note: Examples of methods to prevent misidentification may include the following: Distinct naming systems including using the mother's first and last names and the newborn's gender [sex] (for example, "Smith, Judy Girl" or "Smith, Judy Girl A" and "Smith, Judy Girl B" for multiples)"

Depending upon the number of live births (e.g. -- SINGLE, TWIN, MULTIPLE), the following examples were developed for use in Tables 7, 8, and 9 using the mother's (i.e., birth mother, adoptive mother if known) demographic information.

Mother's First Name: Katherine
Mother's Previous Name: Miller
Mother's Last Name: Smith

SINGLE BIRTH

The following example shown in **Table 10** illustrates how SINGLE BIRTH should be collected for girl, boy, and sex undetermined, respectively. The MIDDLE NAME field is intentionally left blank.

Table 10: Single Birth Examples

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
GIRLKATHERINE		SMITH
BOYKATHERINE		SMITH
BABYKATHERINE		SMITH

TWIN BIRTH

AHIMA recommends using birth identifiers (1,2 or A,B) in temporary newborn names, placing these identifiers in the person’s FIRST NAME field. If the health IT system allows for numbers, use 1,2,3, etc., otherwise use A,B,C, etc. The following example shown in **Table 11** illustrates how TWIN BIRTH should be collected for girl and boy, respectively. The MIDDLE NAME field is intentionally left blank. AHIMA recommends that baby names and numbers reflect birth order.

Table 11: Twin Birth Examples

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
GIRL1KATHERINE		SMITH
BOY2KATHERINE		SMITH
GIRL3KATHERINE		SMITH
GIRLAKATHERINE		SMITH
GIRLBKATHERINE		SMITH
GIRLCKATHERINE		SMITH

MULTIPLE BIRTHS

Multiple births are defined as three or more births. The following example shown in **Table 12** illustrates the mother having a hyphenated name (e.g., using previous name from above; Miller-Smith). The example shows how MULTIPLE BIRTHS should be collected for one girl and two boys, respectively. The MIDDLE NAME field is intentionally left blank.

Table 12: Multiple Birth Examples

FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
GIRL1KATHERINE		MILLER-SMITH
BOY2KATHERINE		MILLER-SMITH
BOY3KATHERINE		MILLER-SMITH

SAFE HAVEN BABY/SAFE SURRENDER

These terms refer to when a baby is abandoned or relinquished to a designated location where it is protected and provided with medical care until a permanent home is found¹⁵ and can vary by state. In both cases, follow the [UNIDENTIFIED](#) individual guidance.

For more guidance, refer to [ALTERNATIVE NAMES](#).

ADOPTION AT BIRTH

If adoption is known prior to discharge, use the adoptive parent's last name in the [LAST NAME](#) field. The following example shown in **Table 13** illustrates how names should be collected for genders, FEMALE, MALE, and UNDETERMINED, respectively. The MIDDLE NAME field is intentionally left blank.

Table 13: Adoption at Birth

GENDER	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD (ADOPTIVE PARENT LAST NAME)
FEMALE	GIRLKATHERINE		SMITH
MALE	BOYKATHERINE		SMITH
UNDETERMINED	BABYKATHERINE		SMITH
TWIN MALE	BOY1KATHERINE		SMITH
TWIN MALE	BOY2KATHERINE		SMITH

SURROGACY

In the case of a surrogacy adoption, see [ADOPTION AT BIRTH](#).

Healthcare organizations should carefully evaluate and create a policy with guidance from their legal counsel on how to handle unique situations such as in the case of a surrogate.

BIRTH PRONOUNS

AHIMA recommends an optional designated field for capturing pronouns in situations where parents request a particular one be documented for their minor child. For more information, navigate to the section on [PRONOUNS](#).

FETAL CARE

In circumstances where a fetus might require treatment prior to birth, AHIMA recommends creating a record for the fetus and using the following:

- Mother's LAST NAME for the child's LAST NAME.
- BABY for the fetus's FIRST NAME (BABY1, BABY2, etc., or BABYA, BABYB, etc. for twins or multiple births) depending upon what fields and technology allow.
- UNKNOWN in the GENDER field since it will not be assigned until birth.

AHIMA recommends that fetal surgical information be documented in both the mother's and fetus's records. Following live birth, these records should be remediated/updated to mirror the birth certificate. This can be completed either through generating reports or addressed when the child is registered within the normal course of business.

AHIMA recommends following organizational policy for stillbirths and/or fetal deaths.

The MIDDLE NAME field is intentionally left blank. The following example shown in **Table 14** illustrates how these should be documented for one BABY, first TWIN, and second TWIN, respectively.

Table 14: Fetal Care

GENDER	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
UNKNOWN	BABY		SMITH
UNKNOWN	BABY1		SMITH
UNKNOWN	BABY		SMITH

NICKNAMES, NAME TO USE/PREFERRED NAMES, ALIASES/ALTERNATIVE, AND VIPS

AHIMA recommends that HI professionals collaborate with their HIT partners and electronic health record (EHR) developers to create separate fields for capturing a person's NICKNAME, PREFERRED NAME, ALIAS, ALTERNATIVE, and VIP NAME if those are not available in the current HIT system.

NICKNAME

A NICKNAME is *not* necessarily listed on the person's government-issued identification, however, it could be a variation of the legal name as seen in the examples provided below. NICKNAMES should *never* be collected in the FIRST, MIDDLE, or LAST NAME fields. These fields should be reserved for the COMPLETE LEGAL NAME.

Nicknames or diminutive forms should only be entered in the field(s) specifically designed for this purpose. There may be instances where a person's LEGAL NAME is a commonly used nickname. In such circumstances, it would be appropriate to use it as a legal name due to its legal status.

Table 15 provides examples of how nicknames should be converted when entered.

Table 15: Nickname Examples

NAME PROVIDED AT REGISTRATION	LEGAL NAME VERIFIED BY GOVERNMENT-ISSUED ID	DATA ENTERED IN THE FIRST NAME FIELD	DATA ENTERED IN THE MIDDLE NAME FIELD	DATA ENTERED IN THE LAST NAME FIELD
Bob T. Williams	Robert Thomas Williams	ROBERT	THOMAS	WILLIAMS
Lizzie Susan Whitley	Elizabeth Susan Whitley	ELIZABETH	SUSAN	WHITLEY
Peggy Ann Brown	Margaret Ann Brown	MARGARET	ANN	BROWN

NAME TO USE/PREFERRED NAME

“NAME TO USE” or “PREFERRED NAME” is the name that should be used when addressing the patient and is usually provided by the patient.¹⁶ For example: The legal name is “Michael,” however, the person prefers “Mike.” Note: A NAME TO USE or PREFERRED NAME may be the same as NICKNAME.

AHIMA recommends a separate field for capturing NAME TO USE or PREFERRED name. Flexibility beyond alphanumeric is suggested in the capture of the name to use or the preferred name since it is seen as a form of self-expression.

ALIAS/ALTERNATIVE NAME

An ALIAS or ALTERNATIVE NAME is any name to which the person is or was identified and is known. ALIAS NAMES will include, but not be limited to, other government-issued or any other-government-issued identification provided by person, names utilized at other facilities, other legal names (previous, etc.), names used for billing, merged from names, newborn names. AHIMA recommends a separate field for capturing ALIAS or ALTERNATE name.

VIP

When a very important person (VIP) presents or it is necessary for a person to remain anonymous such as victims of violence, safety issues for staff, etc., AHIMA recommends using the ALIAS or VIP field to capture this information. It is best practice to update the ALIAS or VIP name post-discharge to the COMPLETE LEGAL NAME for accurate person matching. AHIMA recommends the use of “break the glass” or other security feature if available.

SEX, SEXUAL ORIENTATION, AND GENDER IDENTITY

AHIMA recommends the following standards contained in [ONC’s Interoperability Standards Advisory \(ISA\)](#) and USCDI: Sex at Birth, Sexual Orientation and Gender Identity.

AHIMA recommends following demographic data element guidelines set forth in HL7® International’s standard publication, [“HL7® Informative Document: Gender Harmony – Modeling Sex and Gender Representation, Release 1”](#):

- SEX is the gender on the government-issued identification. SEX may change if the person provides updated legal documentation. It is not recommended that the SEX be used for capture of GENDER preference. Standardization in these fields and clear definitions will assist with safe person matching.
- GENDER IDENTITY may or may not be the same as SEX and is typically expressed by the person. It is important for organizations to differentiate between these two fields.
- SEX ASSIGNED AT BIRTH is the physiological designation or determination of GENDER at birth.
- Operational procedures at registration should ensure this information is provided by the person (PERSON SELF-IDENTIFIED), not assumed by a member of the healthcare team.
- SEX ASSIGNED AT BIRTH should be captured in a separate field as well as SEX, which is represented on government-issued forms of identification.

PRONOUNS

AHIMA recommends the following HL7® third person pronoun value set as a proposed minimum set for interoperability¹⁷ as illustrated in **Table 16**.

The proposed set is based on [LOINC answer list for Personal Pronouns](#).

Table 16: Pronouns

TERM	DEFINITION
He, Him, His, Himself	Masculine Pronouns; Male Pronouns; He/Him Pronouns
She, Her, Hers, Herself	Feminine Pronouns; Female Pronouns; She/Her Pronouns
They, Them, Their, Theirs, Themselves	They/Them Pronouns; They, Them, Their, Theirs, Themselves; Nonbinary Pronouns
Uses Other Pronouns	Other; Other (Please Specify); Other Pronoun Set; Another Pronoun Set; Other Pronouns; Other Pronouns Used
Unknown Pronouns	Unknown; used in situations wherein no pronouns can be asked (young children, infants, neonates, etc.).

ADDITIONAL NAMING RECOMMENDATIONS

HYPHENS, APOSTROPHES, AND PUNCTUATION

AHIMA recommends the only punctuation appropriate for the name field is a hyphen.

- *There should be no spaces on either side of the hyphen (e.g., SMITH-LOGAN not SMITH – LOGAN).*
- *Periods (.) after initials should also not be collected.*
- *Apostrophes such as “O’Donnell” and punctuation such as “St. James” should also not be used and should be converted as illustrated in **Table 17**.*
- *AHIMA supports parsing of fields in a standardized way to meet technical and administrative needs. For more information on parsing, see [Glossary](#).*
- *AHIMA suggests exploring matching algorithms that ignore punctuation.*

Table 17: Hyphens, Apostrophes, and Punctuation

Name Provided by Person	Legal Name Verified by Government-Issued ID	FIRST NAME FIELD	MIDDLE NAME FIELD	LAST NAME FIELD
Sean M. O'Donnell	Sean M ODonnell	SEAN	MATTHEW	ODONNELL
Mac Donald	M Mac Donald	M		MAC DONALD
Mary D. Smith-Logan	Mary D Smith-Logan	MARY	D	SMITH-LOGAN
Susan L. St. James	Susan L St James	SUSAN	L*	ST JAMES
Steven E. Van Der Ark	Steven Edward Van Der Ark	STEVEN	EDWARD	VAN DER ARK
Abbie N. McClintock	Abbie Nicole McClintock	ABBIE	NICOLE	MCCLINTOCK

*AHIMA recommends capturing the full MIDDLE NAME. However, if the initial is represented on an approved form of identification, it would be appropriate to only use the initial.

RELATED PERSON(S)

A related person's name is defined in ONC's USCDI V3 as "a person with a legal or familial relationship to a patient."¹⁸ Education and training must be provided on a scheduled basis to raise awareness of those individuals who may be linked to the patient as this may affect how and why names are entered into the master person index.

Examples of related persons include guarantor, insured, legal guardian, same-sex parent, non-custodian parent, caregiver (daughter, son, mother, father, friend, life-partner, care professional, advocate).



GLOSSARY

ACTOR: ONC describes “actors” regulated by the information blocking provision as: health care providers (with providers defined broadly); health IT developers of certified health IT; and Health Information Networks (HINs and Health Information Exchanges (HIEs). The Department of Health and Human Services (DHHS) policies will also impact any actor that creates, accesses, or exchanges EHI as part of its business.

ADOPTION AT BIRTH: A child whose birth or biological parents have relinquished parental rights which constitutes the assignment of a temporary naming convention before the birth certificate is complete.

ALIAS: Also known as ALTERNATIVE name. A field where names may be collected that are a substitute for the legal name, names that contain more characters than FIRST, MIDDLE, and LAST NAME fields allow, or names that need to remain anonymous.

BIRTH PRONOUNS: In situations where parents request a preferred pronoun be documented for their child. See [PRONOUN](#) section or more information.

COMPLETE LEGAL NAME: All names that appear on their government-issued identification.

DATA QUALITY AND INTEGRITY: The extent to which healthcare data are complete, accurate, consistent, and timely throughout its lifecycle including collection, application (including aggregation), warehousing and analysis.

DEMOGRAPHICS: Patient demographic data refers to all the non-clinical data about a patient, including name, date of birth, address, phone number, email address, sex, race, etc.¹⁹

DUPLICATE: Duplicates, overlays, and overlaps exist in most health IT systems and, unfortunately, can jeopardize patient safety. A duplicate record is created when two or more medical record numbers are created for the same person, causing them to have two or more records. Example: Patient registration does not find the patient’s record using the information provided by the patient. A new medical record number is generated, creating a duplicate.

FAMILY NAME: Also known as SURNAME or LAST NAME.

FETAL CARE: Clinical care of a fetus prior to live birth.

FIRST NAME: Person’s first name(s) as it appears on their government-issued identification. Also known as GIVEN NAME. May also be known as PRIMARY NAME.

GENDER IDENTITY: An individual’s deep, innate understanding that each person has of their individual identity as a man, a woman, or in some cases, another gender.

GIVEN NAME: Person’s first name(s) as it appears on their government-issued identification. See [FIRST NAME](#).

LAST NAME: Person’s last name(s) or surname(s) as it appears on their government-issued identification. May also be known as SURNAME or SECONDARY NAME.

LEGAL NAME: A person’s full name that is recorded on legal tender such as a state-issued birth certificate or documentation because of legal procedure such as name change.

LEGAL SEX: Sex represented on a government-issued identification.

MAIDEN NAME: See PREVIOUS NAME.

MASTER PATIENT INDEX: An index maintained separately from the resident's medical record. It is used to identify that a resident had a stay in the facility, the dates of the stay, and other important data in an easily retrievable format (i.e., alphabetically or through name searches)²⁰.

MASTER PATIENT INDEX VS. MASTER PERSON INDEX²¹:

The fundamental purpose has evolved to address the broader use of health data, with the following goals: index in one place the individuals/persons/patients/citizens who have received healthcare or wellness services; provide a means to accurately tabulate who is or has received services; and serve as a platform to assist integrating patient demographic data to other financial, clinical, or operational in today's evolving digital age that seeks to answer and research broader initiatives.

MIDDLE NAME: Person's middle name(s) as it appears on their government-issued identification.

MULTIPLE BIRTHS: Live birth of three or more infants.

MULTIPLE NAMES: Persons may have more than one FIRST, MIDDLE, or LAST NAME.

NAMING POLICY: Organizational policy that provides structure for data entry and collection of essential data elements in health IT system(s).

NEWBORNS: An infant from the time of birth until receiving a LEGAL NAME.

NICKNAME: A name not necessarily listed on the person's government-issued identification, however, could be a variation of the legal name.

OVERLAP: An overlap occurs when there is more than one unique patient identifier (UPI) for the same person across two or more facilities in the enterprise. Example: Hospital A acquires Hospital B through a merger/acquisition. Overlaps are created when records from the two different facilities are not connected at an enterprise level.

OVERLAY: An overlay occurs when the incorrect patient is registered, admitted, or documented on another patient's record. Example: The database inadvertently merges John Clark, DOB 10/5/81, with the record belonging to John Clark, DOB 5/10/81. Both individuals' information is now in the same record, comingled.

PARSE: Document formats are dependent on the original source formatting. The "gold standard" is a document that can be "parsed" to provide discrete data elements that can be incorporated into the current provider's electronic health record (EHR) using standard mapping and conversion techniques²².

PERSON SELF-IDENTIFIED: Sexual orientation and gender identity information that the person provides at the point of registration or to a provider. The information may not match legal documentation.

PREFERRED NAME: A name is *not* necessarily listed on the person's government-issued identification. A name the person elects and prefers to use as a substitute for their legal name.

PREFIX: Common, military, diplomatic, or professional designations.

PREVIOUS NAME: Any prior or former legal name (FIRST, MIDDLE, LAST) the person may have used.

PRONOUNS: Used as a substitute for a noun in a name, however, may not reflect the sex assigned at birth.

SAFE HAVEN BABY: When a baby is relinquished to a designated location consistent with the state's safe haven law.

SEX AND GENDER: These two fields are often used interchangeably in health information systems and may differ based on person self-identified vs. what is listed on government-issued identification. Sex is used to classify individuals as female, male, or specified (neither female or male) and can be based on an infant's internal/external anatomy, other biological characteristics, or can be associated with physical and physiological features.²³

Gender is defined as a person's inner sense of being a girl/woman/female/feminine, boy/man/male/masculine, nonbinary (Both "nonbinary" and "non-binary" spellings are used in the community.) something else or having no gender.²⁴

SEX ASSIGNED AT BIRTH: Sex assigned at birth (e.g. - Male, Female, Undetermined).

SEXUAL ORIENTATION: An individual's sexual or romantic attractions (e.g. – Heterosexual, Gay, Lesbian, Bisexual, Queer).

SEX UNDETERMINED: The sex cannot be determined at birth.

SINGLE BIRTH: Live birth of one infant.

SINGLE LEGAL NAME: Person's FIRST, MIDDLE, and LAST NAMES are represented on their government-issued identification as a single name.

SUFFIX: Generational titles or educational degrees.

SURNAME: Also known as LAST NAME or FAMILY NAME.

TEST PATIENT: A unique naming convention that supports robust testing of clinical data exchange across multiple platforms and unique delivery methods while addressing data integrity and privacy.

TRUNCATE: Shortening characters in a name field to accommodate field length where the number of characters available for entry is less than those required for entering the entire name.

TWIN BIRTH: Live birth of two infants

UNIDENTIFIED INDIVIDUAL: Does not refer to newborns or fetal care. See NEWBORN and FETAL CARE. This term refers to persons who are not identified by proper identification such as persons who present as trauma cases or other persons who may not be aware of their identity.

VIP: Refers to a "very important person." The VIP person is someone who has asked to remain anonymous for purposes of healthcare or whom the facility has identified as needing identity protection.



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AHIMA Naming Policy Framework 2023:
Essential Person Demographic Data Elements
for Electronic Health Information (EHI)

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- ⁸ Office of the National Coordinator for Health Information Technology. United States Core Data for Interoperability. <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>
- ⁹ To call attention to certain data elements, NAMES and FIELDS are represented in CAPITALS throughout the framework.
- ¹⁰ AHIMA recommends separate fields for each name category such as FIRST, MIDDLE, LAST AND SUFFIX.
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