

# DOMA TECHNOLOGIES

# DATA REDACTION

## OVERVIEW

DOMA offers automated data redaction that helps you get compliant with privacy laws quickly. Integrate fast, accurate document extraction into your information management workflow.



**DOMA**  
TECHNOLOGIES



**FAST:**  
Automation  
means quick  
results.



**ACCURATE:**  
Minimize the  
need for manual  
review.



**FLEXIBLE:**  
Redact a wide  
range of differ-  
ent data types



**COMPLIANT:**  
Get compliant  
with industry spe-  
cific regulations.

## EXPERIENCE A BETTER METHOD FOR REDACTION

### Getting Started

DOMA's automated data redaction is a paperless solution that addresses all of the challenges of manual redaction. Using advanced Optical Character Recognition (OCR) and Artificial Intelligence tools, documents can be strategically scrubbed of protected information to help you stay compliant.

### How it Works

We use two different methods for digital redaction:

#### Format Based Redaction:

Customers specify the fields or types of information to be redacted for different document types. A custom back end process is built to identify a document by type and redact the specified information based on where it is located on that form/document type.

#### Context Based Redaction:

Using basic pattern recognition, keywords, and/or zonal cues, machine learning tools are able to search documents for PHI and PII, such as social security numbers, no matter where they are located in the document.

### Use Cases

Reliably & Accurately Redact Data From:

- Court Records & Legal Discovery
- Uniform Commercial Code (UCC) Lien Filings
- Purchase Orders & Credit Card Statements
- Medical Records & Insurance Forms
- Clinical Research
- Transcripts & Student Records
- FOIA requests or Release of Information requests



### Highly Secure Redaction

Some redaction methods cover up information but do not scrub it from the document. This means that basic digital search tools can still locate and identify the redacted data. DOMA's redaction methods completely scrub your documents of sensitive data without removing the OCR searchability of the rest of the content.

## QUESTIONS?

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# THE PRIVATE MEDICAL RECORDS PROGRAM (PMR)



Learn About the PMR Program: [DOMAonline.com/PMR](http://DOMAonline.com/PMR)

## REDACTION TO SUPPORT PHI PRIVACY

DOMA provides information healthcare management solutions to the department of Veterans Affairs by expediting medical claims on behalf of veterans and their dependents.

In order to begin the process of making a medical benefits claim with the VA veterans are required to fill out a 4142 - Authorization and Consent to Release Information to the Department of Veterans Affairs.

Once a DOMA's PMR claims representative receives a 4142 they must reach out to each individual provider to request medical records on behalf of the veteran. This requires sending the 4142 form to multiple providers.

Using Intelligent Character Recognition (ICR), DOMA's digital workflow can redact and export multiple documents at the same time to ensure each version is properly formatted for each provider.

## VA Form 21-4142

*In order to maintain compliance with the Veteran's Health Administration (VHA) directives, DOMA must ensure that the patient's medical treatment notes are visible only to the relevant healthcare provider.*

*DOMA's redaction workflow for this VA form checks each provider section for PHI and then automatically exports a unique document for each provider that redacts the other healthcare provider sections.*

*The document sent to provider listed in 9D will have all other providers and associated medical information redacted to protect patient privacy.*

OMB Control No. 2900-0858  
Respondent Burden 5 minutes  
Expiration Date: 07/11/2024

**Department of Veterans Affairs**

**GENERAL RELEASE FOR MEDICAL PROVIDER INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)**

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to provide the name of the provider or facility you have received treatment from to the VA. For more information, contact us at <https://iris.custhelp.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms). After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Jansenville, WI, 53547-4444.

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly, and insert one letter per box, to help expedite processing of the form.

**SECTION I - VETERAN'S IDENTIFICATION INFORMATION**

1. VETERAN'S NAME (First, Middle Initial, Last)  
J a n e M D o e

2. SOCIAL SECURITY NUMBER  
1 2 3 - 4 4 - 5 6 7 8

3. VA FILE NUMBER  
9 8 7 6 5 4 3 2 1

4. DATE OF BIRTH (MM/DD/YYYY)  
0 1 - 2 0 - 1 9 8 5

5. VETERAN'S SERVICE NUMBER (if applicable)  
[ ]

**SECTION II - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (if other than veteran)**

6. PATIENT'S NAME (First, Middle Initial, Last)  
J a n e M D o e

7. SOCIAL SECURITY NUMBER  
1 2 3 - 4 4 - 5 6 7 8

8. VA FILE NUMBER  
9 8 7 6 5 4 3 2 1

**SECTION III - MEDICAL PROVIDER INFORMATION**

9A. PROVIDER OR FACILITY NAME  
Generic Medical Hospital

9B. CONDITIONS YOU ARE BEING TREATED FOR  
Ankle Injury & Rehabilitation

9C. DATE(S) OF TREATMENT:  
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in item 9A)  
From: 0 5 - 2 5 - 2 0 1 8  
To: 1 0 - 0 5 - 2 0 1 8

9D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  
No. & Street: 1 8 7 N o r t h S t r e e t  
Apt./Unit Number: [ ] City: V i r g i n i a B e a c h  
State/Province: V A Country: U S ZIP Code/Postal Code: 2 3 4 5 2 - [ ]

10A. PROVIDER OR FACILITY NAME  
Rosenbloom General Practice

10B. CONDITIONS YOU ARE BEING TREATED FOR  
Dislocated Knee

10C. DATE(S) OF TREATMENT:  
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in item 10A)  
From: 0 3 - 1 2 - 2 0 1 9  
To: 0 8 - 1 2 - 2 0 1 9

10D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  
No. & Street: 5 4 6 3 S o u t h R o a d  
Apt./Unit Number: B 1 4 City: M a c o n  
State/Province: G A Country: U S ZIP Code/Postal Code: 3 1 2 0 1 - [ ]

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Apt./Unit Number: [ ] City: V i r g i n i a B e a c h  
State/Province: V A Country: U S ZIP Code/Postal Code: 2 3 4 5 2 - [ ]

10A. PROVIDER OR FACILITY NAME  
[REDACTED]

10B. CONDITIONS YOU ARE BEING TREATED FOR  
[REDACTED]

10C. DATE(S) OF TREATMENT:  
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in item 10A)  
From: [REDACTED]  
To: [REDACTED]

10D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  
No. & Street: [REDACTED]  
Apt./Unit Number: [REDACTED] City: [REDACTED]  
State/Province: [REDACTED] Country: [REDACTED] ZIP Code/Postal Code: [REDACTED]

*Likewise, the form for the provider listed in 10D, will have all of the other providers redacted.*

**SECTION III - MEDICAL PROVIDER INFORMATION**

9A. PROVIDER OR FACILITY NAME  
[REDACTED]

9B. CONDITIONS YOU ARE BEING TREATED FOR  
[REDACTED]

9C. DATE(S) OF TREATMENT:  
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in item 9A)  
From: [REDACTED]  
To: [REDACTED]

9D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  
No. & Street: [REDACTED]  
Apt./Unit Number: [REDACTED] City: [REDACTED]  
State/Province: [REDACTED] Country: [REDACTED] ZIP Code/Postal Code: [REDACTED]

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Rosenbloom General Practice

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Dislocated Knee

10C. DATE(S) OF TREATMENT:  
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in item 10A)  
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