A FALSE SENSE OF PRIVACY: EVALUATING TEXTUAL DATA SANITIZATION BEYOND SURFACE-LEVEL PRIVACY LEAKAGE

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ABSTRACT

The release of sensitive data often relies on synthetic data generation and Personally Identifiable Information (PII) removal, with an inherent assumption that these techniques ensure privacy. However, the effectiveness of sanitization methods for text datasets has not been thoroughly evaluated. To address this critical gap, we propose the first privacy evaluation framework for the release of sanitized textual datasets. In our framework, a sparse retriever initially links sanitized records with target individuals based on known auxiliary information. Subsequently, semantic matching quantifies the extent of additional information that can be inferred about these individuals from the matched records. We apply our framework to two datasets: MedQA, containing medical records, and WildChat, comprising individual conversations with ChatGPT. Our results demonstrate that seemingly innocuous auxiliary information, such as specific speech patterns, can be used to deduce personal attributes like age or substance use history from the synthesized dataset. We show that private information can persist in sanitized records at a semantic level, even in synthetic data. Our findings highlight that current data sanitization methods create a false sense of privacy by making only surface-level textual manipulations. This underscores the urgent need for more robust protection methods that address semantic-level information leakage.

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1 INTRODUCTION

034 The need for protected user and patient data in research and collaboration has made privacy protection critical (Federal Data Strategy, 2020; McMahan et al., 2017). To mitigate disclosure risks, two 035 sanitization techniques are widely used (Garfinkel, 2015): removing explicit identifiers and generating synthetic datasets that mimic the statistical properties of original, seed data. This latter approach 037 has gained significant traction, especially in medical domains (Giuffrè & Shung, 2023), where it has been hailed as a silver-bullet solution for privacy-preserving data publishing, as the generated information is considered not to contain real units from the original data (Stadler et al., 2022; Rankin 040 et al., 2020). However, the efficacy of synthetic data in truly preserving privacy remains contentious 041 across legal, policy, and technical spheres (Bellovin et al., 2019; Janryd & Johansson, 2024; Abay 042 et al., 2019). While these methods eliminate direct identifiers and modify data at a surface level, 043 they may fail to address subtle semantic cues that could compromise privacy. This raises a critical 044 question: Do these methods truly protect data, or do they provide a false sense of privacy?

Consider a sanitized medical dataset containing Alice's record, as illustrated in Figure 1 (example drawn from the MedQA dataset). Conventional sanitization methods often rely on lexical matching and removal of direct identifiers like names, deeming data safe when no matches are found (Pilán et al., 2022). However, privacy risks extend beyond explicit identifiers to quasi-identifiers – seemingly innocuous information that, when combined, can reveal sensitive details (Sweeney, 2000; Weggenmann & Kerschbaum, 2018)– and beyond literal lexical matches to semantically similar ones. An adversary aware of some auxiliary information about Alice's habits (e.g., stopping midsentence) could still use this information (Ganta et al., 2008) and locate a record with semantically similar descriptions in the sanitized data. This record could reveal Alice's age or history of auditory hallucinations, compromising her privacy, despite the dataset being "sanitized".

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Figure 1: Our privacy evaluation framework overview: First, we use innocuous auxiliary information about Alice to find potential matches in the sanitized dataset using a sparse retriever. Second, we semantically evaluate each piece of inferred information from the matched records, revealing sensitive details about Alice, such as her age.

071 To address this gap in evaluation, we introduce the first framework that quantifies the information 072 inferrable about an individual from sanitized data, given auxiliary background knowledge (Ganta 073 et al., 2008). Grounded in statistical disclosure control (SDC) guidelines used by the US Cen-074 sus Bureau for anonymizing tabular data (Abowd et al., 2023), our two-stage process (Figure 1) 075 adapts these principles to unstructured text. The first stage, linking, employs a sparse retriever to match de-identified, sanitized records with potential candidates. This is achieved by leveraging term 076 frequency-inverse document frequency (TF-IDF) weighting to compute relevance scores between 077 query terms and documents and then retrieving most relevant matches.

079 The second stage, semantic matching, assesses the information gained about the target by comparing the matched record from the linking step with the original, private data. We operate at a 081 granular, discrete "claim" level, evaluating individual pieces of information within the linked record separately, rather than the entire record as a whole, and we consider semantic similarity rather than 083 lexical matching. This allows for a more nuanced assessment of privacy risks. For example, consider Alice's case again (Figure 1). We might retrieve a record stating Alice is 21 years old when 084 she is, in fact, 23. A lexical match would report no leakage, as the ages do not match precisely. 085 Semantic matching, however, recognizes this close approximation and assigns partial credit for such inferences, capturing subtle privacy risks. 087

088 We evaluate various state-of-the-art sanitization methods on two real-world datasets: MedQA (Jin et al., 2021), containing diverse medical notes, and a subset of WildChat (Zhao et al., 2024), fea-089 turing AI-human dialogues with personal details (Mireshghallah et al., 2024). We compare two 090 sanitization approaches: (1) identifier removal techniques, including commercial PII removal, LLM-091 based anonymizers (Staab et al., 2024), and sensitive span detection (Dou et al., 2024); and (2) data 092 synthesis methods using GPT-2 fine-tuned on private data, with and without differential privacy (Yue et al., 2023). For differentially private synthesis, we add calibrated noise to the model's gradients 094 during training to bound the impact of individual training examples. We assess both privacy and utility, measuring leakage with our metric and lexical matching, and evaluating sanitized datasets on 096 domain-specific downstream tasks.

Our main finding is that current dataset release practices for text data often provide a false sense 098 of privacy. To be more specific, our key findings include: (1) State-of-the-art PII removal methods are surface-level and still exhibit significant information leakage, with 94% of original claims still 100 inferable. (2) Data synthesis offers a better privacy-utility trade-off than identifier removal, showing 101 9% lower leakage for equivalent or better utility, depending on the complexity of the downstream 102 task. (3) Without differential privacy, synthesized data still exhibits some leakage (57%). (4) Dif-103 ferentially private synthesis methods provide the strongest privacy protections but can significantly 104 reduce utility, particularly for complex tasks (-4% performance on MedQA task from baseline and 105 have degraded quality on the synthesized documents). We also conduct comprehensive ablations, including using different semantic matching techniques and changing the auxiliary attributes used for 106 de-identification, providing a thorough analysis of our framework's performance across various text 107 dataset release scenarios. Our results highlight the necessity to develop privacy guardrails that go beyond surface-level protections and obvious identifiers, ensuring a more comprehensive approach to data privacy in text-based domains.

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2 PRIVACY METRIC

As shown in Figure 1, given a sanitized dataset, our framework employs a linking attack and a semantic similarity metric to evaluate the privacy protection ability of the sanitizer.

116 117 2.1 Problem Statement

118 Let $\mathcal{D}_{\text{original}} = \{x^{(i)}\}_{i=1}^{N}$ denote the original dataset and $\mathcal{D}_{\text{sanitized}} = S(\mathcal{D}_{\text{original}}) = \{y^{(i)}\}_{i=1}^{M}$ the 119 sanitized dataset for the given data sanitization method of interest S. Our goal is to evaluate the 120 privacy of $\mathcal{D}_{\text{sanitized}}$ under a re-identification attack by an adversary which has access to $\mathcal{D}_{\text{sanitized}}$ as 121 well as auxiliary information $\tilde{x}^{(i)} = A(x^{(i)}) \subset x^{(i)}$ for entries in $\mathcal{D}_{\text{original}}$. The access function A122 depends on the threat model; in our experiments, A(x) randomly selects three claims from x (see §2.2 below).

To assess potential privacy breaches that could result from the public release of a sanitized dataset, we define $L(\tilde{x}^{(i)}, \mathcal{D}_{\text{sanitized}}) \rightarrow \hat{y}^{(i)}$ as a linking method that takes some auxiliary information $\tilde{x}^{(i)}$ and the sanitized dataset $\mathcal{D}_{\text{sanitized}}$ as inputs and produces a linked record $\hat{y}^{(i)} \in \mathcal{D}_{\text{sanitized}}$. Let $\mu(x^{(i)}, \hat{y}^{(i)})$ be a similarity metric quantifying the similarity between the original record $x^{(i)}$ and the linked record $\hat{y}^{(i)}$. Given these components, we define our privacy metric as:

$$\operatorname{privacy}(\mathcal{D}_{\operatorname{original}}, \mathcal{D}_{\operatorname{sanitized}}) = \mathbb{E}_{x^{(i)} \in \mathcal{D}_{\operatorname{original}}}[\mu(x^{(i)}, L(\tilde{x}^{(i)}, \mathcal{D}_{\operatorname{sanitized}}))].$$
(1)

2.2 ATOMIZING DOCUMENTS

Documents typically contain multiple discrete pieces of information, complicating the quantification of privacy leakage. For example, Alice's record in Figure 1 encompasses both her habits and medical information, making it challenging to assign a single privacy metric that accounts for all sensitive data concurrently. To address this issue and facilitate a more fine-grained approach to privacy evaluation, we atomize data records. Adopting the core concept introduced by Min et al. (2023), we decompose each document into atomic claims, where each claim represents a single, indivisible piece of information. In our framework, we partition each data record $x^{(i)}$ into a set of atomized claims $x_i^{(i)}$.

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2.3 LINKING METHOD L

We employ a sparse information retrieval technique L_{sparse} , specifically the BM25 retriever (Lin et al., 2021), to link auxiliary information with sanitized documents. Our approach concatenates the auxiliary information $\tilde{x}^{(i)}$ into a single text chunk, which serves as the query for searching a datastore of sanitized documents. The retrieval process then selects the top-ranked document based on relevance scores as determined by the BM25 algorithm. We evaluate linking performance using the correct linkage rate metric, which calculates the percentage of auxiliary information correctly matched to its corresponding sanitized document when ground truth relationships are known.

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2.4 Similarity Metric μ

154 Upon linking auxiliary information to a sanitized document, we quantify the amount of information 155 gain using a similarity metric μ_{semantic} . This metric employs a language model to assess the semantic 156 similarity between the retrieved sanitized document and its original counterpart. The evaluation 157 process involves querying the language model with claims from the original document that were not 158 utilized in the linking phase. The model then assesses the similarity between these claims and the 159 content of the sanitized document. We employ a three-point scale for this assessment: a score of 1 indicates identical information, while a score of 3 signifies that the claim is unsupported by the 160 sanitized document. In this scoring scheme, a higher value of μ corresponds to a greater degree of 161 privacy preservation, as it indicates reduced similarity between the original and sanitized documents.

All scores are normalized to the range [0,1]. The specific prompt used for this evaluation can be found in Appendix D.4.

2.5 BASELINE

167 To validate our approach, we establish a baseline using established text similarity metrics, defin-168 ing complementary functions L_{lexical} and μ_{lexical} . Both functions are implemented using ROUGE-L 169 (Lin, 2004). Specifically, the baseline linking method L_{lexical} processes auxiliary information $\tilde{x}^{(i)}$ by 170 concatenating it into a single text chunk, following the approach described in Section 2.3, and iden-171 tifies the sanitized document with the maximum ROUGE-L score. To compute the baseline privacy 172 metric μ_{lexical} , we calculate one minus the ROUGE-L score between the original document $x^{(i)}$ and 173 its linked sanitized version. This formulation ensures that higher values indicate stronger privacy 174 protection.

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3 EXPERIMENTAL SETUP

179 3.1 DATASETS AND UTILITY METRICS

We apply our metric on datasets: MedQA (Jin et al., 2021) and WildChat (Zhao et al., 2024). Each dataset employs distinct measures of downstream utility to assess the effectiveness of our sanitization method. For the MedQA dataset, we evaluate the performance of synthesized data records on its associated downstream task, which assesses the preservation of information for individual records. Conversely, for the WildChat dataset, we examine the sanitization method's ability to capture the distribution of the original records. This allows for a coarse grained evaluation of the sanitization method. In addition to these dataset-specific evaluations, we assess the quality of sanitization across the two datasets. We present all of our prompts in Appendix D.

189 3.1.1 DATASETS

190 MedQA Dataset. The MedQA dataset (Jin et al., 2021) comprises multiple-choice questions de-191 rived from the United States Medical Licensing Examination, encompassing a broad spectrum of 192 general medical knowledge. This dataset is designed to assess the medical understanding and rea-193 soning skills required for obtaining medical licensure in the United States. It consists of 11,450 194 questions in the training set and 1,273 in the test set. Each record contains a patient profile para-195 graph followed by a multiple-choice question with 4-5 answer options. We allocated 2% of the 196 training set for a development set to facilitate hyper-parameter tuning. In our study, we treat the patient profiles as private information requiring sanitization. As the MedQA benchmark is commonly 197 used to evaluate a language model's medical domain expertise, we report the model's performance 198 on this task as our primary metric. 199

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 WildChat Dataset. The WildChat dataset (Zhao et al., 2024) comprises 1 million real user-ChatGPT interactions containing sensitive personal information (Mireshghallah et al., 2024). This dataset provides insights into how the general public utilizes large language models. Following the pre-processing steps outlined in Mireshghallah et al. (2024), we categorize each conversation and task the sanitization method to generate new conversations. We then evaluate the distribution of categories in these generated conversations, reporting the chi-squared distance from the original distribution as a measure of utility. Following the paper, we also use GPT-40¹ as the evaluation model for determining the category.

To ensure comparability with the MedQA accuracy metric, we normalize the chi-squared distance to a scale of 0 to 1. We establish a baseline performance by tasking the language model to generate random categories from the list and treating the resulting distance as the minimum performance threshold. To address the complexity introduced by bot-generated content within the dataset, we implement an additional pre-processing step. We summarize each conversation prior to atomizing the dataset, thereby preventing the atomization process from being overwhelmed by lengthy content. This approach allows for more precise linking and analysis of privacy leakage.

https://openai.com/index/hello-gpt-4o/

216 3.1.2 QUALITY OF GENERATION METRIC

The downstream tasks previously mentioned often lack granularity, particularly for the WildChat conversation generation task. Current evaluation methods fail to adequately assess sanitization quality, as they may classify outputs correctly based on a few key tokens without guaranteeing overall coherence. To address this limitation and inspired by recent works (Zeng et al., 2024a; Chiang & Lee, 2023), we employ a Large Language Model as a judge to assess the quality of sanitization outputs on a Likert scale of 1 to 5, with a specific focus on text coherence. For this metric, we utilize GPT-40 as our evaluation model. We provide our prompts used in Appendix D.

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3.2 DATA SANITIZATION TECHNIQUES

228 We analyze various data sanitization techniques, as illustrated in Figure 2. Our focus encompasses two primary categories of sanitization: sample-level sanitization and dataset-level saniti-229 zation through synthesis. Sample-level sanitization operates on individual records, aiming to re-230 move private information from each record, and it maintains a one-to-one correspondence between 231 the original and sanitized datasets. We implement **Prompt-based Sanitization** (Staab et al., 2024), 232 Prompt-based Sanitization with Paraphrasing, Named Entity Recognition and Anonymization 233 (Dou et al., 2024), and **Data Sanitization via Scrubbing** in this category. In contrast, dataset-level 234 sanitization seeks to regenerate the distribution of the input dataset, where sanitized records may 235 not directly correspond to those in the original dataset. We use Synthesis via Differentially Private 236 Fine-tuning, and Synthesis via Language Model Fine-Tuning in this category. We incorporate two 237 additional baselines: No Sanitization and Remove All Information. Detailed description of these 238 methods is available in Appendix A, and prompts used in our analysis are provided in Appendix D. 239



Figure 2: Overview of the data sanitization techniques evaluated using our framework.

3.3 PRIVACY METRIC SETUP

We evaluate our privacy metric μ using LLaMA 3 8B (Dubey et al., 2024). To improve the model's consistency, we query the LLaMA model three times for each similarity metric evaluation and determine the final classification based on the mode of these responses. In addition, we assume the attacker possesses three randomly selected claims for each record. To maintain consistency across experiments, we apply the linking method with the same set of three claims per record.

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4 EXPERIMENTAL RESULTS

In this section we discuss our experimental results, starting with a comparison of the privacy-utility
trade-off of different sanitization methods (removal of identifiers and vanilla data synthesis). Then,
we study how differential privacy can be used to provide rigorous privacy guarantees for synthesis,
but at the cost of utility. After that we ablate the impact of the choice of auxiliary side information
in the linking of records and sanitized data. Finally, we conduct a human evaluation to see how
well our metric correlates to people's perception of leakage of data. We provide a few qualitative
examples of matched documents in Table 6 in the Appendix.

4.1 PRIVACY-UTILITY TRADE-OFF: COMPARING DIFFERENT SANITIZATION METHODS

272 We present a analysis of the privacy-utility trade-off across various data sanitization methods in 273 Table 1. The lexical distance utilizes ROUGE-L as the similarity matching function L_{lexical} , with the corresponding privacy metric μ_{lexical} calculated as one minus the ROUGE-L score, as introduced 274 in §2.5. Semantic distance is obtained using our prompt-based method μ_{semantic} after linking the 275 276 auxiliary information to the sanitized document with L_{sparse} , which evaluates whether the retrieved 277 information semantically supports the original data, as discussed in §2.4. The task utility for MedQA 278 is measured by the accuracy of answers to multiple-choice questions defined in the dataset, evaluated post-sanitization. Notably, the remove all information baseline achieves an accuracy of 0.44. For 279 WildChat, utility is determined by a normalized chi-squared distance related to the classification of 280 documents, as described in §3.1.1. Text coherence, as introduced in §3.1.2, is a text quality metric 281 ranging from 1 to 5. The higher the score, the better quality outputting generation is. 282

283 The analysis of Table 1 reveals that both identifier removal and data synthesis techniques exhibit 284 privacy leakage, as evidenced by semantic match values consistently below 1.0 (perfect privacy). Notably, identifier removal methods show a significant disparity between lexical and semantic sim-285 ilarity. This gap demonstrates that these techniques primarily modify and paraphrase text without 286 effectively disrupting the underlying connected features and attributes, leaving them susceptible 287 to inference. This finding is particularly concerning for widely adopted commercial tools such as 288 Azure AI. In contrast, data synthesis methods show a reduced lexical-semantic gap and higher pri-289 vacy metric values, suggesting potentially enhanced privacy protection. However, it is crucial to 290 note that while low privacy metric values indicate risk, high values do not guarantee privacy. Al-291 though data synthesis consistently achieves higher privacy measures across both datasets, its utility 292 is not always superior. In the WildChat dataset, data synthesis performs comparably or occasion-293 ally inferiorly to identifier removal methods like PII scrubbing. Similarly, in the MedQA dataset, it 294 underperforms compared to the Sanitize and paraphrase method. These observations highlight the 295 trade-off between privacy protection and data utility.

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Table 1: Privacy-utility comparison of different sanitization methods across datasets. Lexical distance reflects using ROUGE-L as the similarity matching function after the linking stage, providing a surface-level evaluation. Semantic distance demonstrates higher leakage (lower value of privacy metric) in most cases, hinting that although the text is manipulated, attributes can still be inferred.

		Privacy ↑		Utility \uparrow	
Dataset	Method	Lexical <mark>Distance</mark>	Semantic <mark>Distance</mark>	Task Utility	Text Coherence
	No Sanitization	0.08	0.04	0.69	3.79
	Remove All Info	-	-	0.44	-
M. 104	Sanitize & Paraphrase	0.66	0.31	0.65	3.60
MedQA	Azure AI PII tool	0.20	0.06	0.67	3.29
	Dou et al. (2024)	0.61	0.34	0.61	2.84
	Staab et al. (2024)	0.53	0.33	0.62	3.07
	Data Synthesis	0.46	0.43	0.62	3.44
	No Sanitization	0.04	0.19	0.99	4.06
	Sanitize & Paraphrase	0.73	0.44	0.62	3.76
WildChad	Azure AI PII tool	0.17	0.21	0.99	3.68
whitchat	Dou et al. (2024)	0.27	0.22	0.99	2.97
	Staab et al. (2024)	0.49	0.40	0.98	3.49
	Data Synthesis	0.86	0.83	0.93	3.28

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4.2 PRIVACY-UTILITY TRADE-OFF: DATA SYNTHESIS WITH DIFFERENTIAL PRIVACY

In the previous section, we showed that data synthesis offers an improved privacy-utility trade-off compared to identifier removal methods. However, this sanitization technique remains imperfect, as there is still privacy leakage. To address this, researchers often integrate data synthesis with Table 2: Privacy-utility comparison of data synthesis using differential privacy with different levels of ε , across datasets. Lower ε means more private. Lexical distance reflects using ROUGE-L as the similarity matching function. Even high values of ε provide low leakage, albeit at the cost of utility and quality.

		Privacy \uparrow		Utility \uparrow	
Dataset	Privacy Budget	Lexical <mark>Distance</mark>	Semantic <mark>Distance</mark>	Task Utility	Text Coherence
	$\varepsilon = \infty$	0.46	0.43	0.62	3.44
M. 104	$\varepsilon = 1024$	0.79	0.92	0.40	2.25
MedQA	$\varepsilon = 64$	0.79	0.92	0.41	2.14
	$\varepsilon = 3$	0.79	0.93	0.40	2.04
	$\varepsilon = \infty$	0.86	0.83	0.93	3.28
WildChot	$\varepsilon = 1024$	0.88	0.87	0.88	1.83
whichat	$\varepsilon = 64$	0.88	0.88	0.81	1.84
	$\varepsilon = 3$	0.89	0.89	0.70	1.64

differential privacy (DP) to establish formal bounds on potential data leakage (Yue et al., 2023). The bounding of the leakage in DP is governed by the privacy budget, denoted as ε . A higher ε value corresponds to reduced privacy. Table 2 presents an evaluation of the previously discussed metrics under various DP conditions. The row where $\varepsilon = \infty$ is equivalent to not applying differential privacy, i.e. the vanilla data synthesis row from Table 1.

347 Our analysis reveals that implementing DP, even with relaxed guarantees such as $\varepsilon = 1024$, signifi-348 cantly enhances privacy protection. The lexical privacy metric increases from 0.46 to 0.79, and the 349 semantic privacy metric from 0.43 to 0.92. However, this enhanced privacy comes at the cost of task 350 utility. For MedQA, utility drops from 0.62 to 0.40, falling below the baseline of not using private 351 data (0.44). Interestingly, the WildChat dataset exhibits a smaller utility decrease for task classifi-352 cation when DP is applied. We attribute this disparity to the differing complexity and nature of the 353 tasks. Medical question answering is a complex, sparse task where contextual nuances significantly 354 impact the answer. Conversely, the WildChat utility metric assesses the ability to infer the user's 355 intended task, which is essentially a simple topic modeling task achievable with limited keywords, even in less coherent text. This effect is evident in the text coherence metric, where the introduction 356 of DP significantly degrades textual coherence from 3.28 to 1.83, where a score of 1 indicates the 357 sanitized document has a "Very Poor" quality. 358

A final observation from this experiment reveals that, unlike in the previous section, certain ε values yield privacy metrics via lexical overlaps that are much lower than semantic similarity. Qualitative manual inspection attributes this to extremely low text quality. In these cases, there is minimal information leakage, and the non-zero lexical overlap (i.e., privacy metric not reaching 1.0) stems from matches in propositions, articles, and modifiers (e.g., "a", "the") with the original text, indicating false leakage. However, in privacy contexts, false negatives are more critical than false positives, as false alarms are less catastrophic than overlooking real leakage (Bellovin et al., 2019).

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4.3 ANALYSIS: CHANGING THE AVAILABLE AUXILIARY INFORMATION

In real-world re-identification attacks, an adversary's access to auxiliary information influences their
 ability to link and match records in sanitized datasets. Our previous experiments utilized random
 three claims from each record as the adversary's accessible information. To assess the impact of this
 choice on the adversary's information gain and matching capabilities, we conducted experiments
 using both randomly selected claims and the first three claims.

Table 3 presents the results of these experiments, focusing on the correct linkage rate (defined in \$2.3) for sample-level, identifier removal methods. We limited our analysis to these methods due to the availability of ground truth mappings for verification, which is not possible with dataset synthesis techniques that lack one-to-one mapping among records in the original and sanitized dataset.

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Table 3: Comparison of successful linkage rates for various data sanitization methods across
 datasets, assuming access to different auxiliary information (claims) for performing matching and
 retrieval in re-identification attempts. The high variance in these rates highlights the significant impact that available auxiliary side-information has on potential data leakage.

Dataset	Method	First Three Claims	Random Three Claims	Last Three Claims
	No Sanitization	0.99	0.99	0.99
	Sanitize & Paraphrase	0.58	0.66	0.78
MedQA	Scrubbing	0.81	0.91	0.94
	Dou et al. (2024)	0.70	0.67	0.69
	Staab et al. (2024)	0.58	0.69	0.78
	No Sanitization	0.98	0.98	0.98
	Sanitize & Paraphrase	0.59	0.62	0.56
WildChat	Scrubbing	0.89	0.88	0.82
	Dou et al. (2024)	0.88	0.88	0.83
	Staab et al. (2024)	0.66	0.69	0.68

The results demonstrate a high variance in the adversary's ability to correctly link records and reidentify individuals across different claim selections, underscoring the significant impact of acces-sible information on re-identification success. Notably, for the MedQA dataset, methods relying on Large Language Models (LLMs), such as sanitize & paraphrase and the approach proposed by Staab et al. (2024), exhibit the highest variance. This variance is particularly pronounced between scenarios where the adversary has access to the first three claims versus the last three claims. We hypothesize that this phenomenon may be attributed to the non-uniform instruction following char-acteristics of LLMs, resulting in uneven preservation of information across different sections of the text.

407 4.4 HUMAN EVALUATION OF THE SIMILARITY METRIC

We conducted a small-scale human study to assess the efficacy of our language model in reflect-ing human preferences for the similarity metric μ , as defined in Section 2.4. Three of the authors provided annotations for 580 claims. The results, presented in Table 4, demonstrate a high inter-annotator agreement with a Fleiss' kappa of 0.87. We then evaluate the same 580 claims using LLaMA 3 8B, using a majority voting system over three queries. This method achieved a Spearman correlation coefficient of 0.93 with the mode of human annotations, comparable to the strong perfor-mance of GPT-40, which achieves a coefficient of 0.96. In contrast, the lexical algorithm ROUGE demonstrated a lower correlation, with an absolute Spearman coefficient of 0.81.

Table 4: Inter-rater agreement and model correlations for semantic similarity inference task.

Metric/Model	Measure	Value	P-value
Human Agreement	Fleiss' Kappa	0.8748	-
LLaMA 3 8B	Spearman Correlation	0.9252	2.37e-245
GPT-40	Spearman Correlation	0.9567	5.37e-312
ROUGE-L recall	Spearman Correlation	-0.8057	1.48e-133

5 RELATED WORK

Privacy evaluations of dataset disclosure. Evaluating privacy prior to dataset release has been
 a longstanding practice in the statistical disclosure control (SDC) field (Hundepool et al., 2012).
 This practice spans various fields, including legal, technical, and medical domains (Bellovin et al.,

432 2019; Garfinkel, 2015; Giuffrè & Shung, 2023). Traditionally, these evaluations have focused on re-433 identification risks, particularly for tabular data in census or medical contexts (Abowd et al., 2023; 434 El Emam et al., 2011). While there have been attempts to create text anonymization benchmarks 435 (Pilán et al., 2022), these primarily concentrate on span detection and anonymization rather than 436 comprehensive re-identification and focus on scrubbing methods rather than data synthesis, contrary to our work. Recent work in the security literature has begun to challenge the perceived safety of 437 synthetic data, but these studies have primarily focused on simple, low-dimensional tabular or image 438 data (Stadler et al., 2022; Yale et al., 2019; Annamalai et al., 2024), raising concerns about the pri-439 vacy guarantees of synthetic data. However, these investigations have not extended to unstructured 440 text, leaving a critical gap. 441

442 Data sanitization through removal of identifiers. Traditional approaches to data sanitization have centered on the detection and removal of Personally Identifiable Information (PII) (Mendels et al., 443 2018; Montani et al., 2022) relying on named entity recognition (NER) systems and masking. Re-444 cently, LLMs have been employed for this task: Staab et al. (2024) developed an iterative prompting 445 method using GPT-4 to achieve implicit attribute removal, moving beyond simple token replace-446 ment. Similarly, Dou et al. (2024) proposed a two-step approach, combining a self-disclosure de-447 tection model with an abstraction technique to reduce privacy risks in text data. Morris et al. (2022) 448 introduced an unsupervised deidentification method that focuses on removing words that could lead 449 to reidentification, using a learned probabilistic reidentification model. Their approach, motivated 450 by K-anonymity, does not rely on specific rule lists of named entities but instead learns from aligned 451 descriptive text and profile information. However, their method requires a dataset of aligned text 452 and profiles, which may not always be available in real-world scenarios. All these approaches target 453 certain pre-defined categories of attributes for protection, on a record level.

454 **Data sanitization through synthesis.** To provide untargeted, dataset-level protection, data synthesis 455 has been employed (Garfinkel, 2015), sometimes with the assumption that synthesis alone provides 456 some degree of privacy (Liu et al.). To address this, differentially private data synthesis techniques 457 have been developed. Xie et al. (2018) proposed DP-GAN, a differentially private generative adver-458 sarial network for tabular data synthesis. Torkzadehmahani et al. (2019) extended this approach with 459 DP-CGAN, incorporating conditional information to improve utility. For textual data, Weggenmann 460 et al. (2022); Igamberdiev & Habernal (2023); Bo et al. (2021); Igamberdiev et al. (2022) proposed 461 and benchmarked differentially private VAE, BART, and autoencoder with embedding rewards, to 462 sanitize text. Yue et al. (2023); Mattern et al. (2022); Mireshghallah et al. (2022); Kurakin et al. 463 (2023) introduce differentially private fine-tuning approachs for large language models to generate 464 synthetic text. These approaches aim to provide formal privacy guarantees while maintaining data 465 utility.

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6 DISCUSSION

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471 Dataset Structural Difference Leads to Difference in Performance. In MedQA, we found highly 472 structured patterns with consistent medical attributes - 89% of records contained patient age, 81% in-473 cluded specific symptoms, and 63% contained medical history information, with an average of 15.6 474 distinct medical claims per document. This structured nature made the atomization process more 475 systematic - we could reliably separate claims about symptoms, medical history, and demographics. 476 However, this revealed a key privacy challenge: even after sanitization, the semantic relationships between medical attributes remained intact, making re-identification possible through these linked 477 attributes. This was particularly problematic due to the sparsity of specific age-symptom-history 478 combinations in medical data - unique combinations of these attributes could often identify a single 479 patient even when individually sanitized. 480

The structural differences led to interesting patterns in sanitization effectiveness. For MedQA, while DP-based synthesis achieved strong privacy scores (0.92), it showed significant utility degradation (-22%) on medical reasoning tasks compared to non-dp data synthesis method, leaving the utility lower than the model's internal knowledge. This sharp utility drop occurred because medical reasoning requires precise preservation of sparse, specialized attribute combinations - even small perturbations in the relationships between symptoms, age, and medical history can change the di-

agnostic implications. Identifier removal performed poorly (privacy score 0.34) as it couldn't break
 these revealing semantic connections between medical attributes.

In contrast, WildChat showed more promising results with DP-based synthesis, maintaining better utility (only -12% degradation from non-dp to an epsilon of 64). This better privacy-utility balance stems from two key characteristics of conversational data: First, the information density is lower unlike medical records where each attribute combination is potentially crucial, conversations contain redundant information and natural paraphrasing. Second, the success criteria for conversations are more flexible - small variations in phrasing or exact details often don't impact the core meaning or usefulness of the exchange. This made the dataset more robust to the noise introduced by DP-based synthesis while still maintaining meaningful content.

496 497 498

7 CONCLUSION

499 This paper introduces a novel dataset-level privacy metric that addresses key limitations in current 500 data sanitization methods for unstructured text. By using a re-identification attack model and a 501 semantic-based privacy metric, our approach captures privacy risks more effectively than traditional 502 lexical matching techniques. Our framework integrates both privacy and utility assessments for the sanitized dataset, providing a comprehensive evaluation of the trade-offs involved in different saniti-504 zation techniques. Experiments on MedQA highlight that while differential privacy provides strong 505 privacy protection, it often drastically reduces data utility. Conversely, prompt-based LLM sanitiza-506 tion and data scrubbing methods maintain utility but fail to adequately protect privacy. Fine-tuning offers a better balance for some tasks but struggles with sample-specific details. Our work advances 507 privacy evaluation by providing a holistic framework, helping researchers better navigate the trade-508 offs between privacy and utility and providing a test bed for future research in data sanitization. 509

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511 LIMITATIONS AND FUTURE WORKS

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513 While our approach offers valuable insights into data privatization methods, several limitations war-514 rant consideration. Firstly, our study does not encompass the full spectrum of data privatization 515 techniques, particularly those that do not directly manipulate the data itself. Secondly, although we 516 have conducted preliminary investigations into the efficacy of our approach at various stages of the pipeline, further rigorous studies are necessary to fully validate its accuracy, especially concern-517 ing the computations of privacy metric. Additionally, our analysis was confined to a single dataset 518 within the medical domain, which limits the generalizability of our findings. Consequently, future 519 research should focus on evaluating the method's applicability across diverse datasets and domains 520 to establish its broader relevance and robustness. 521

Our work does not pass judgment on whether or not these inferences are privacy violations as some 522 might be necessary for maintaining downstream utility. Instead, we provide a quantitative measure 523 of potential information leakage, taking a crucial step towards a more comprehensive understanding 524 of privacy in sensitive data releases and laying the groundwork for developing more robust protection 525 methods. Ideally, one would want *contextual* privacy metric, which can take into account (i) which 526 information is more privacy-relevant and (ii) which information is private in the context that the 527 textual information is being shared. These are extremely challenging questions that we believe are 528 beyond the scope of this paper. Nevertheless, they represent exciting research directions to pursue, 529 particularly given recent advances in LLMs. 530

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532 ETHICS STATEMENT

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Our research demonstrates that current data sanitization methods do not fully guarantee individual
 privacy protection. We acknowledge the potential risks associated with developing an automated re identification process, which could be exploited maliciously. However, we argue that the long-term
 benefits of this research outweigh these risks. By facilitating the development of more sophisti cated and effective data sanitization techniques, our work contributes to enhancing overall privacy
 protection in data-driven research and applications. We emphasize the importance of responsible
 disclosure and ethical usage of our findings to mitigate potential misuse.

This study utilizes two primary datasets: WildChat and MedQA. WildChat (Zhao et al., 2024) comprises user interactions with GPT-3.5 and GPT-4 models through publicly accessible APIs hosted on
Hugging Face spaces. Users accessed these models without creating accounts or providing personal
information, consenting to data collection and agreeing to usage terms in exchange for free access.
The dataset includes hashed IP addresses and country locations, offering authentic, real-world conversations for analysis of user safety in large language model interactions.

WildChat enables quantitative assessment of users' self-disclosure patterns and the types of sensitive
 information shared with AI assistants. This provides a unique opportunity to evaluate potential
 privacy and information security risks associated with data collection in human-AI interactions.

The MedQA dataset (Jin et al., 2021), derived from medical board examinations, offers a comprehensive and standardized corpus of questions and answers for assessing medical knowledge. Curated by experts, this dataset contains no true identities and serves as a controlled complement to the real-world data from WildChat.

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756 **BENCHMARKED SANITIZATION METHODS** А

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Prompt-based Sanitization (Staab et al., 2024). This approach utilizes Large Language Models 759 (LLMs) to remove sensitive information through iterative prompting. We implement the sanitization 760 pipeline proposed by Staab et al. (2024), which employs a two-step process of adversarial inference 761 and sanitization. In the adversarial inference step, the language model attempts to infer sensitive 762 attributes from the text. Subsequently, in the sanitization step, the model is prompted to sanitize 763 the text referencing the inference results. We perform three rounds of this process, focusing on all 764 attributes identified in the original study: age, education, income, location, occupation, relationship status, sex, and place of birth. For this sanitization method, we employ GPT-40 as our LLM. 765

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Prompt-based Sanitization with Paraphrasing. Drawing insights from Zeng et al. (2024b), who 767 explored record rewriting, we extend the prompt-based method to involve a two-step process: initial 768 sanitization followed by paraphrasing. We first apply the sanitization prompt from Staab et al. (2024) 769 without attribute inference, then use an LLM to paraphrase the sanitized text, potentially enhancing 770 privacy protection.

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Named Entity Recognition and Anonymization (Dou et al., 2024). We evaluate the self-773 disclosure detection model developed by Dou et al. (2024). This two-step process first applies their 774 span detector to identify potential self-disclosures in each sentence of a record, then uses their span 775 abstraction model to sanitize the detected spans. 776

777 Data Sanitization via Scrubbing. We evaluate an industry standard data sanitization method that 778 focuses on identifying and removing personally identifiable information (PII). This approach utilizes 779 the Azure AI Language PII detection service² to identify and redact PII from the dataset with the 780 "*" character. 781

782 Synthesis via Differentially Private Fine-tuning. We furthermore evaluate a data synthesis tech-783 nique, specifically fine-tuning with differential privacy (DP). DP algorithms aim to limit the impact 784 of individual data points by producing output distributions that remain statistically similar regard-785 less of the inclusion of any specific data point. We adopt the method described by Yue et al. (2023), 786 which generates synthetic text while maintaining formal DP guarantees. This approach controls generation by conditioning the output on categorical information of the desired data. Prior to fine-787 tuning a generative model, the method preprocesses data records by prepending a "control code", a 788 categorical label, to each data excerpt. During inference, the generation process is controlled by first 789 selecting the categorical information, thereby conditioning the output. 790

791 In our experiments, we apply this method to our datasets with privacy budget values of $\varepsilon \in$ 792 $\{3, 8, 16, 64, 512, 1024\}$ that are commonly used in the differential privacy literature.

793 For the MedQA dataset, we employ a "control code" comprising both the question and its corre-794 sponding answer, effectively setting the category to be sample-specific. Specifically, we prepend a 795 text snippet in the format "Question: ... Answer: ..." to each record $x^{(i)}$. During the generation 796 of sanitized records, we provide this same text snippet with the record portion omitted, treating the 797 generated content as the sanitized information.

798 For the WildChat dataset, we do not control the generation in order to better evaluate the distribution 799 of the synthesized record category distribution. 800

801

Synthesis via Language Model Fine-Tuning. To refine our language model, we implement a data 802 processing pipeline that builds upon the methodology outlined in the preceding section. This pro-803 cess incorporates the previously described "control code" technique, which allows for more precise 804 guidance of the model's behavior. The fine-tuning procedure involves iteratively exposing the pre-805 trained model to our curated dataset, adjusting its parameters to optimize performance on privacy-806 preserving text generation tasks. This approach enables the model to learn task-specific features 807 while maintaining its general language understanding capabilities. We implement a data processing

²https://learn.microsoft.com/en-us/azure/ai-services/language-service/ personally-identifiable-information/overview

pipeline similar to the one described in the previous section. Specifically, we employ the "control code" as described above and perform normal fine-tuning process.

Sanitization Baselines. We incorporate two additional baselines: No Sanitization and Remove
 All Information. The No Sanitization baseline utilizes the original, unmodified text to establish a performance reference point, serving as both a lower bound for privacy protection and an upper bound for data utility. Conversely, the Remove All Information baseline, evaluated on MedQA, eliminates the provided information, revealing the underlying knowledge and inherent biases of the language model.

B ADDITIONAL ABLATION STUDIES

B.1 SENSITIVITY TO PERTURBED AUXILIARY INFORMATION

Table 5: Privacy comparison when ablating on whether perturbing the auxiliary information.

	Sanitization Method	Semantic Distance	Semantic Distance with Paraphrased Aux Info
	No Sanitization	0.04	0.22
	Sanitize & Paraphrase	0.31	0.35
MedQA	Azure AI PII tool	0.06	0.26
C	Dou et al. (2024)	0.34	0.50
	Staab et al. (2024)	0.33	0.57
	No Sanitization	0.19	0.26
	Sanitize & Paraphrase	0.44	0.50
WildChat	Azure AI PII tool	0.21	0.30
	Dou et al. (2024)	0.22	0.28
	Staab et al. (2024)	0.40	0.47

We examine how perturbations in auxiliary information affect our privacy metric, simulating scenarios where auxiliary information undergoes transformation during transmission. Using the prompt detailed in Appendix D.2.2, we employ LLaMA 3 8B to paraphrase the auxiliary information, reducing direct textual overlap.

For example, the original auxiliary information "Auscultation of the lungs does not reveal any sig-nificant abnormalities. He consumed 3 glasses of the drink before symptoms developed. On physical examination, he is disoriented." is paraphrased into "A thorough examination of the patient's lungs did not uncover any notable issues. He had consumed three servings of the beverage before his symptoms began to manifest. Upon physical inspection, the patient displayed signs of disorienta-tion." Overall, the bi-gram overlap (measured by ROUGE-2 precision) between the paraphrased and original auxiliary information decreases from 71.0% to 19.9% for MedQA and from 40.5% to 21.0% for WildChat.

We repeat our privacy analysis using the paraphrased auxiliary information and the results are in Table 5. Relative performance patterns across sanitization methods remain consistent whether using original or paraphrased auxiliary data—methods showing higher leakage with original auxiliary data also show higher leakage with paraphrased data. Even with substantially reduced lexical overlap, all sanitization methods still exhibit significant information leakage, with semantic distance ranging from 0.22 to 0.57 when using paraphrased auxiliary data. A semantic distance of 0.57 means roughly that 43% of the information is leaked (assuming no partial information leakage). Given BM25 is par-ticularly sensitive to paraphrasing, we expect we would be able to recover even more information using a semantic (dense) retriever.

These results demonstrate that existing sanitization approaches fail to prevent information leakage, even when evaluated under conditions of reduced textual overlap.

Table 6: Examples from MedQA dataset, sanitized and original, re-identified and inferred using our method.

-	Original Record	Our Method Match	Claims Used for Matching	Privacy Leaks Detected by Se- mantic Similarity
	A 23-year-old woman is brought	A 21-year-old woman presents	She abruptly stops talking in the	1. Young adult (early 20s)
	to the emergency department She says that she feels "empty in-	to an outpatient psychiatrist with chief complaints of fatigue and	middle of sentences. She does not finish her sentences.	 Presence of auditory halluci- nations
	side" and has been hearing voices	"hearing voices." She describes	She occasionally directs her at- tention to the ceiling as if she	 No substance use history Potential psychotic disorder
	She does not drink alco-	call her name or say nonsensi-	were listening to someone.	4. I otentiai psycholic disorder
	mental status examination, her	asleep at night The patient		
	speech is slow and monotonous; she abruptly stops talking in the	has no significant past medical or psychiatric history. She does not		
	middle of sentences and does not finish them. She occasionally di-	smoke or drink alcohol		
	rects her attention to the ceiling			
	one.			
_	A 34-year-old woman, gravida 1,	A 26-year-old primigravid	Serum human chorionic go-	1. Pregnant woman
	para 0, at 16 weeks' gestation comes to the physician for a rou-	woman comes to the physician for her first prenatal visit	nadotropin levels are increased. Serum inhibin A levels are	 First pregnancy Abnormal serum markers
	tine prenatal visit Serum stud-	Maternal serum studies show low	increased. The patient wants a definitive	4. Potential fetal abnormality
	Alpha-fetoprotein decreased	concentrations, and increased in-	diagnosis as quickly as possible.	
	Human chorionic gonadotropin	fibin A and β -human chorionic gonadotropin concentrations.		
	increased Inhibin A increased			
-	A 58-year-old chronic smoker	A 51-year-old man comes to the	Right heart catheterization indi-	1. Middle-aged man
	known to have chronic bron- chitis for the last 20 years	physician because of progres-	cates a pulmonary artery pressure	2. Progressive breathing diffi-
	presents to his physician	ertion and fatigue for the past 2	Right heart catheterization in-	Cuty 3. Indication of lung disease 4. Potential heart involvement
	Right heart catheterization is per- formed, which indicates a pul-	months Coarse crackles are heard at the lung bases bilater-	dicates a pulmonary capillary wedge pressure of 13 mm Hg. There is a significant drop in pul- monary artery pressure after the administration of inhaled nitric oxide.	
	monary artery pressure of 30 mm	ally An x-ray of the chest shows globular enlargement of		
	wedge pressure of 13 mm Hg.	the cardiac shadow with promi- nent hila and bilateral fluffy infil- trates		
	monary artery pressure after the			
	administration of inhaled nitric oxide.			
-	A 56-year-old woman comes to	A 42-year-old woman comes to	Analysis of the synovial fluid	1. Middle-aged woman
	the emergency department be-	the emergency department be- cause of worsening severe pain, swelling, and stiffness of her	shows lymphocytes 6%. Synovial fluid is sent for culture	 2. Right knee problem 3. Joint inflammation 4. Potential infection
	swelling in her right knee for		Synovial fluid is sent for antibi-	
	tal knee arthroplasty of her right	Arthrocentesis of the right knee	oue sensitivity.	
	knee joint 5 months ago Anal- ysis of the synovial fluid shows:	Joint yields cloudy fluid with a leukocyte count of 25,000/mm3		
	WBC count 78,000/mm3 Segmented neutrophils 94%	and 80% neutrophils		
	Lymphocytes 6%			
	and antibiotic sensitivity.			
_				
C	EVANDIES TADI	F		
C	EXAMPLES TABL	L.		
D	PROMPTS USED			
D				
D.1	ATOMIZING RECOR	RDS		
	ase breakdown t	the following in	put into a set	of atomic,
Ple	independent cla	aims, and returr	n each of the cl	aim in a new li
Ple				
Ple	•			
Ple {ic	l_samples}			

972 D.2 PROMPT-BASED SANITIZATION WITH PARAPHRASING 973

974 D.2.1 SANITIZATION VIA QUERYING A LANGUAGE MODEL

975 This prompt is adapted from Staab et al. (2024). 976

You are an expert anonymizer that carefully adapts small parts of the text to make it anonymous. You follow the instructions and format precisely and you try to change as little as possible, keeping the original text in tact as much as possible. Only generalize information and do not invent new information. Example: 'my husband and I' \rightarrow 'my partner and I' is valid, but ' my husband and I' \rightarrow 'my wife and I' is not. Example: 'my husband and I have a dog' -> 'my partner and I have a dog' is valid, but 'my husband and I have a dog' -> 'my partner and I have a cat' is not. Example: 'my husband and I' \rightarrow 'I' is also valid as it only removes information. Below I give you a medical record from a user. Your task is to anonymize the record to protect user's privacy, while keeping the rest of the text intact. Record: {document} In a first step briefly explain the changes you will make. In a new line write a single # and then return the anonymized text. Only change relevant parts and keep everything else as is. Make sure you keep the original meaning, i.e. do not invent new information instead generalize information. Do not add indicators besides #, i.e. do not add phrases such as Anonymized text: or similar. 1000

D.2.2 PARAPHRASING VIA QUERYING A LANGUAGE MODEL

Given the following text, generate a paraphrased version that maintains the original meaning, context, and tone while using different words and sentence structures. Ensure that the paraphrased text is clear, coherent, and logically organized.

text: {document}

In a new line return the anonymized text. Make sure you keep the original meaning, i.e. do not invent new information instead generalize information. Do not add any indicators, i.e. do not add phrases such as paraphrased text: or similar.

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D.3 LLM ARE ADVANCED ANONYMIZER PROMPTS

1017 These prompts are adapted from Staab et al. (2024). 1018

D.3.1 ADVERSARIAL INFERENCE - WILDCHAT

1021 Let us play a guessing game. The following is the a conversation 1022 between a user and an AI chatbot. Your task is to guess the 1023 user's attributes including Age, Education, Income, Location, Occupation, Relationship Status, Sex, Place of Birth? Only 1024 include attributes that might be inferred from the text. 1025

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Type: <target_attribute> 1027 Inference: Your detailed inference Guess: Your top 3 guesses in a list separated by ; Certainty: Based on your inference how certain you are from 1-5. 1 is very uncertain only based on biases and 5 has clear evidence in the conversation. Only give the number. 1031 1032 Conversation: {document}

1035 D.3.2 ADVERSARIAL INFERENCE - MEDQA 1036

> Let us play a guessing game. The following is a synthetic patient record. Your task is to guess the patient's attributes including Age, Education, Income, Location, Occupation, Relationship Status, Sex, Place of Birth? Only include attributes that might be inferred from the text.

1043 Type: <target attribute> Inference: Your detailed inference 1044 Guess: Your top 3 guesses in a list separated by ; 1045 Certainty: Based on your inference how certain you are from 1-5. 1 1046 is very uncertain only based on biases and 5 has clear 1047 evidence in the record. Only give the number. 1048

Record: {document}

1050 1051 1052 1053

1049

D.3.3 SANITIZATION - WILDCHAT

1054	System Prompt
1055	You are an expert anonymizer that carefully adapts small parts of
1056	the text to make it anonymous. You follow the instructions and
1057	format precisely and you try to change as little as possible,
1058	keeping the original text in tact as much as possible. Only
1059	generalize information and do not invent new information.
1060	Example. (my bushand and I/ > (my namtney and I/ is valid but
1061	Example: my husband and $I' \rightarrow I'my$ wife and I' is not
1062	Example: 'my husband and I have a dog' \rightarrow 'my partner and I
1063	have a dog' is valid, but 'my husband and I have a dog' ->
1064	'my partner and I have a cat' is not.
1065	Example: 'my husband and I' \rightarrow 'I' is also valid as it only
1066	removes information.
1067	
1068	
1069	User Prompt
1070	Below I give you a conversation between a user and an AI chatbot
1071	as well as personal inferences made about the user that can be made from the convergation. Your tack is to approximize the
1072	conversation to prevent these inferences, while keeping the
1073	rest of the text intact
1074	
1075	Conversation:
1076	{document}
1077	
1078	In a first step briefly explain the changes you will make. In a
1079	new line write a single # and then return the anonymized text.
	Only change relevant parts and keep everything else as is.

D.3.4 SANITIZATION - MEDQA

	System Prompt
Yc	us are an expert anonymizer that carefully adapts small parts of
10	the text to make it anonymous You follow the instructions and
	format producely and you try to change as little as possible
	bolinat plecisely and you try to change as little as possible,
	keeping the original text in tact as much as possible. Only
	generalize information and do not invent new information.
	Example: 'my husband and l' \rightarrow 'my partner and l' is valid, but
	'my husband and I' -> 'my wife and I' is not.
	Example: 'my husband and I have a dog' -> 'my partner and I
	have a dog' is valid, but 'my husband and I have a dog' ->
	'my partner and I have a cat' is not.
	Example: 'my husband and I' \rightarrow 'I' is also valid as it only
	removes information.
	User Prompt
36	low I give you a medical record from a user as well as personal
	inferences made about the user that can be made from the
	record. Your task is to anonymize the record to prevent these
	inferences, while keeping the rest of the text intact.
26	cord:
{	locument }
Ιr	a first step briefly explain the changes you will make. In a
	new line write a single # and then return the anonymized text.
	Only change relevant parts and keep everything else as is.
	Make sure you keep the original meaning, i.e. do not invent
	new information instead generalize information.
Γr	ference that can be made from the user (do not include the below
	in the sanitization):
{j	nference}
	,
р	
υ.	4 PRIVACY METRIC
**	Task**:
Fc	r each of the following claims, rate how well the provided
	passage supports it on a scale of 1 to 3, where:
-	**1** means "Same Information,"
-	**2** means "Different but Similar Information," and
-	**3** means "unsupported."
Us	e the rubric below to guide your evaluation and include a brief
	explanation for your rating to justify your decision. Focus on

1134 the content and facts being discussed, ignoring wording 1135 differences. Evaluate each claim separately and do not group 1136 them together in your output. 1137 1138 **Rubric**: 1. *Same Information*: The claim exactly matches the corresponding 1139 information in the passage. The claim could be a direct quote 1140 from the passage or a paraphrase that captures the same 1141 information. 1142 2. *Different but Similar Information*: The claim is not identical 1143 to the passage but captures the same or closely related 1144 information. For example, the claim could be an abstraction of 1145 the corresponding information in the passage, or it could 1146 have minor differences that do not significantly change its 1147 overall meaning. 1148 3. *Unsupported*: The claim is not supported by the passage. It 1149 could either be not discussed at all in the passage or 1150 inconsistent with the passage. 1151 {icl_samples} 1152 1153 **Input**: 1154 {atomized_claims} 1155 1156 Original text: {context} 1157 **Output**: 1158

1158 1159 1160

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D.5 QUALITY OF GENERATION

D.5.1 QUALITY OF GENERATION - MEDQA

1163	
1164	ou are provided with a concise medical case summary. Your task is
1165	to evaluate this summary based on its clinical relevance,
1166	completeness, and coherence. Use the following 5-point scale:
1167	(Very Poor): The summary is severely lacking in critical
1168	information, contains major contradictions, or is so
169	incomplete that it fails to provide a meaningful picture of
170	the patient's condition.
171	(Poor): The summary includes some relevant information but omits
70	several important details. It may fail to connect symptoms
72	with potential diagnoses or lack crucial elements of the
73	patient's history or examination findings.
74	(Satisfactory): The summary provides a basic overview of the
75	patient's presentation, including key elements such as age,
76	gender, chief complaint, and some relevant history or
77	examination findings. However, it may lack depth or miss some
78	important details.
79	(Good): The summary is coherent and includes most important
30	clinical information. It presents a clear picture of the
81	patient's case, including age, gender, chief complaint,
32	relevant medical/social history, and key physical examination
33	numaings. Minor details may be missing, but overall it
8Л	(Evention to compare the compared and th
25	(Excertenc): The summary is comprehensive, clinically insightful
50	, and werr-structured. It presents a comprete picture of the
0	relevant medical/social history key physical eveningtion
1	findings and any immediate test results. The summary
	IIIIIIIIIIIII ally IIIIIIEUIALE LEST LESUILS. IIE SUIIIIIALY

1188 effectively highlights the most clinically relevant 1189 information and provides a strong basis for forming a 1190 differential diagnosis. 1191 Evaluation Instructions: 1192 1193 Read the case summary carefully. Assess the summary based on the above criteria, focusing on its 1194 clinical relevance, completeness, and coherence. 1195 Provide a brief explanation (2-3 sentences) justifying your rating 1196 , highlighting specific strengths or weaknesses. 1197 Assign a rating from 1 to 5. 1198 1199 Your response should follow this format: 1200 Explanation: [Your 2-3 sentence justification] 1201 Rating: [Your rating (1-5)] 1202 Remember, you are evaluating the quality and completeness of the 1203 case summary itself, not making a diagnosis or judging the medical decisions. Your evaluation should focus on how well 1204 the summary captures and presents the essential clinical 1205 information needed for initial patient assessment. 1206 1207 Medical Profile: {Document} 1208 1209 1210 1211 D.5.2 QUALITY OF GENERATION - WILDCHAT 1212 1213 1214 Your task is to evaluate the quality of synthetic conversations, 1215 including both the user input and the AI response. Each entry 1216 represents a complete exchange. Assess the overall coherence, 1217 relevance, and quality of the conversation using the following 5-point criteria: 1218 1219 Very Poor (1 point): The conversation is incoherent or nonsensical 1220 , with significant disconnects between user input and AI 1221 response, and/or contains harmful, offensive, or entirely 1222 inappropriate content. 1223 Poor (2 points): The conversation lacks flow or logical 1224 progression, the AI response is only marginally related to the 1225 user input, and there are noticeable inconsistencies or 1226 errors in the exchange. 1227 Average (3 points): The conversation demonstrates a basic 1228 connection between input and response, is mostly coherent with some minor errors, and the AI response adequately addresses 1229 the user's input. 1230 Good (4 points): The conversation flows well with a clear logical 1231 progression, the AI response is relevant and enhances the 1232 conversation, and the exchange demonstrates good quality 1233 interaction with minimal errors. 1234 Excellent (5 points): The conversation flows naturally and 1235 logically, the AI response not only addresses the user input 1236 but significantly enhances the conversation, and the exchange 1237 demonstrates exceptional quality interaction, including 1238 creativity, insight, or nuanced understanding. 1239 Evaluation Instructions: 1240 1241 Carefully read the entire conversation exchange.

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1242
      Assess the overall quality based on the above criteria, focusing
1243
         on coherence, relevance, and the relationship between user
1244
          input and AI response.
1245
      Provide a brief explanation (3-4 sentences) justifying your rating
1246
          , highlighting specific strengths or weaknesses in both the
1247
         user input and AI response.
      Assign a rating from 1 to 5.
1248
1249
      Your evaluation should follow this format:
1250
      Explanation: [Your 3-4 sentence justification, addressing both
1251
         user input and AI response]
1252
      Rating: [Your rating (1-5)]
1253
      Additional Considerations:
1254
1255
      Evaluate how well the AI understood and interpreted the context
1256
         provided by the user.
1257
      Assess the appropriateness of the conversation's tone, style, and
         content for the given context.
1258
      Consider the balance between the complexity of the user's input
1259
         and the depth of the AI's response.
1260
      For creative or open-ended prompts, evaluate the originality and
1261
         engagement level of the entire exchange.
1262
      For task-oriented conversations, assess how effectively the
1263
         exchange moves towards completing the implied or stated task.
1264
1265
      Remember, you are evaluating the quality of the entire synthetic
1266
          conversation. Consider how well the exchange mimics a natural
1267
         human-AI interaction, and whether it achieves its apparent
1268
         communicative goal.
1269
      Conversation: {Document}
1270
1271
1272
      D.6 UTILITY
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1274
      D.6.1 UTILITY - MEDQA
1275
1276
      Solve the following medical multiple choice question and answer
1277
         correctly:
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1279
      Ouestion:
1280
      {question}
1281
      Options:
      A. {options['A']}
1282
      B. {options['B']}
1283
      C. {options['C']}
1284
      D. {options['D']}
1285
1286
      Answer:
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1288
1289
      D.6.2 UTILITY - WILDCHAT
1290
1291
      Read the following conversation between a user and an AI chatbot.
```

```
1292 Which tasks from the following list are being explicitly
1293 requested by the user? Return only the most likely task name.
1294
1295 Tasks:
```

- summarization

1296 1297 1298 1299 1300 1301 1302 1303 1304 1305 1306 1307 1308 1309 1310 1311 1312 1313 1314 1315 1316	 model jailbreaking (e.g. asking model to roleplay as DAN, NsfwGPT, Niccolo Machiavelli, IMMORAL, AIM, or Kevin) generating prompts for AI models story and script generation song and poem generation generating character descriptions code generation code editing and debugging generating communications (email, text messages, etc.) generating non-fictional documents (resumes, essays, etc.) editing existing text comparison, ranking, and recommendation brainstorming and generating ideas information retrieval solving logic, math, and word problems explanation, how-to, practical advice personal advice about mental health, relationships, etc. back-and-forth role-playing with the user answering multiple choice question translation general chitchat
1316	Conversation:
1317	{context}
1318	
1319	Answer:
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