

# Analyzing the Leakage of Personal Information in Synthetic Clinical Spanish Texts

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## Abstract

Using medical data for Deep Learning models can be highly beneficial, but protecting sensitive and personal patient information in the clinical field is critical. One of the most common ways to use this data while protecting patient privacy is by generating synthetic text with Large Language Models (LLMs) using differential privacy (DP). Although DP techniques, such as the Differentially Private Stochastic Gradient Descent (DP-SGD), are often assumed to guarantee privacy, they require specific conditions to be met. This study shows how memorization in LLMs can occur when these privacy guarantees are compromised, potentially leading to the leakage of personal and sensitive information in generated clinical reports. If these gaps are addressed, DP could offer more reliable safeguards for clinical data, improving privacy without sacrificing utility.

## 1 Introduction

The utilization of Electronic Health Records (EHRs) for Natural Language Processing (NLP) offers numerous benefits, particularly in enhancing healthcare research and outcomes (Dalianis, 2018). However, protecting the privacy of the patients in these records is crucial. Privacy is recognized as a core human right in the Universal Declaration of Human Rights, placing the control individuals have over their personal information on par with the authority exercised by corporations and governments (Nampewo et al., 2022).

According to the 2021 Annual Report of the United Nations High Commissioner, privacy reflects human dignity and plays a critical role in safeguarding individual autonomy and identity. In today's digital age, privacy concerns are even more pronounced as personal data—often considered a valuable commodity—can be collected, sold, and potentially misused. This is particularly concerning when sensitive health data is involved (e.g.,

apps that collect reproductive information, or dating apps that ask for HIV status) (Citron, 2022). The mishandling of such data not only threatens privacy but can also foster discrimination and erode human dignity.

There are several techniques to protect patient privacy in EHRs, such as Named Entity Recognition (NER) for de-identification or pseudonymization (Aracena et al., 2024; Verkijk and Vossen, 2022; Vakili et al., 2023). However, synthetic text generation with Differential Privacy (DP) is often preferred for due to its formal privacy guarantees and its widespread use (Yue et al., 2023; Flemings and Annavaram, 2024; Xin et al., 2022; Abay et al., 2019).

Synthetic text refers to artificially generated text that mimics human language and content. One way to create it is by using Large Language Models (LLMs), which generate text through "next-token prediction." This process involves predicting the next word in a sentence based on the previous ones, allowing the model to generate coherent text. In this context, the goal is to create realistic synthetic Electronic Health Records (EHRs) that are similar to original EHRs, making them useful for research and other purposes. To achieve this, an LLM can be trained using real EHR data.

Training an LLM involves exposing the model to a dataset and adjusting its parameters based on the patterns it learns. However, during this process, the model might memorize personal information and reproduce it (Bender et al., 2021), which is critical when dealing with clinical data. To prevent this, DP can be applied. DP, in essence, ensures that individual data points within a dataset do not significantly influence the outcome of an algorithm, protecting information quantified by a level of privacy  $\epsilon$  (Dwork, 2006). A common technique used for training an LLM with DP is Differentially Private Stochastic Gradient Descent (DP-SGD), which adds noise during training to prevent memoriza-

Injected Can.	$\epsilon$	MAUVE		PPL		Leaked Can.	
		Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
0	8	0.48	0.84	7.84±0.42	8.27±0.43	0	0
0	16	0.55	0.88	7.56±0.21	8.44±0.39	0	0
0	$\infty$	0.83	0.89	6.02±0.29	4.73±0.24	0	0
50	8	0.47	0.76	7.76±0.44	8.34±0.37	0	1
50	16	0.59	0.80	7.57±0.23	8.76±0.32	2	2
50	$\infty$	0.82	0.87	6.06±0.27	<b>4.39±0.07</b>	76	120
200	8	0.41	0.81	8.05±0.35	8.32±0.39	1	1
200	16	0.55	0.85	7.75±0.30	8.45±0.19	3	8
200	$\infty$	0.84	<b>0.95</b>	5.72±0.32	4.91±0.64	103	331

Table 1: Privacy-utility evaluation results for Model 1 : mistralai/Mistral-7B-v0.1 and Model 2 : meta-llama/Meta-Llama-3.1-8B-Instruct. The models were evaluated across varying privacy levels ( $\epsilon = 8, 16, \infty$ ) and different quantities of injected canaries (Injected Can.). The evaluation metrics include MAUVE, Perplexity (PPL), and the number of leaked canaries (Leaked Can.) in the 500 synthetic generated data.

tion, ensuring both privacy and utility (Abadi et al., 2016; Klymenko et al., 2022).

However, the mere use of DP-SGD often leads to an assumption of privacy guarantees, but in practice, is frequently overlooked. DP-SGD provides “sample-level” privacy (Wang et al., 2023; Klymenko et al., 2022), meaning it protects individual data points as long as the same individual does not appear in multiple samples. In clinical datasets, this assumption is unfeasible, as the same individual may be represented in multiple samples. This raises serious concerns about the true effectiveness of DP in such contexts.

To address potential privacy concerns, it is important to evaluate privacy beyond standard guarantees, such as by assessing the level of memorization. Previous research has primarily focused on measuring model memorization and the leakage of sensitive information in synthetic data, particularly the leakage of isolated pieces of Personally Identifiable Information (PII) (Yue et al., 2023; Carlini et al., 2019). Building on these studies, this work introduces a novel method for analyzing the memorization of LLMs and the risk of information leakage in synthetic EHRs generated in Spanish. This presents unique challenges specific to the language (e.g. the more frequent use of gendered terms throughout sentences).

## 2 Experimental Setup

In this study we used the MEDDOCAN dataset (Marimon et al., 2019), which consists of 1,000 manually crafted Spanish clinical reports enriched

with personal information and annotated with NER for PII and sensitive data. For computing limitations, the final dataset used consisted of 750 reports, divided into 500 documents for training and 250 for validation. These documents are used to analyze information leakage at the document level. We conducted the experiments using the LLMs mistralai/Mistral-7B-v0.1 (Jiang et al., 2023) and meta-llama/Meta-Llama-3.1-8B-Instruct (Dubey et al., 2024).

## 3 Methodology

The training used DP-SGD, which adds noise to gradients during the training process to safeguard the original data’s privacy (Abadi et al., 2016). We trained the models using identical parameters across different dataset versions, each with varying levels of differential privacy.  $\epsilon$ , a key parameter in differential privacy, measures privacy loss, with lower values providing stronger protection. The used values are  $\epsilon = 8, 16$ , and  $\infty$  (no privacy).

After training, 500 synthetic documents were generated with each model. These documents were analyzed to assess memorization and evaluate the quality and utility of the generated text. The generation process was standardized putting the same training parameters to ensure comparable results across models. Finally, we applied various metrics to examine the privacy-utility trade-off and the extent of memorization.

144	<b>3.1 Utility Metrics</b>	193
145	The utility of the synthetic documents generated by	194
146	each model was evaluated using key metrics such	195
147	as MAUVE and perplexity (PPL). MAUVE (Pil-	196
148	lutla et al., 2021) measures the quality and diversity	197
149	of generated text using divergence frontiers, reflect-	198
150	ing how closely the synthetic data aligns with the	199
151	distribution of real text. PPL assesses how well a	200
152	model predicts a sample, with lower values indi-	201
153	cating better performance (Miaschi et al., 2021).	202
154	These metrics were used to evaluate the impact of	203
155	differential privacy on the quality and coherence of	204
156	the generated EHRs.	205
157	<b>3.2 Leakage of Sensitive Information</b>	206
158	To evaluate the impact of synthetic text generation	207
159	with DP-SGD when private patient information is	208
160	repeated across documents, we adapted the “can-	209
161	ary” experiment (Carlini et al., 2019). This in-	210
162	involved injecting a “canary” sentence containing	211
163	a single piece of PII repeated across documents,	212
164	allowing us to track how often it appeared in gener-	213
165	ated samples. In our version, two pieces of infor-	214
166	mation—a reference to positive HIV as sensitive	215
167	data and the name “Lopez Perez” to link it to per-	216
168	sonal information—were embedded into 0, 50, and	217
169	200 documents. We then counted how often this	218
170	information appeared in the generated samples. In	219
171	this way, we assess the memorization of links be-	220
172	tween sensitive data and individuals rather than the	221
173	memorization of individual data points, which is	222
174	crucial in the context of sensitive clinical data, as	223
175	the ability to link sensitive information (such as an	224
176	illness or medical history) to an individual must be	225
177	protected.	226
178	<b>4 Results and Discussion</b>	227
179	Table 1 shows the results of synthetically generated	228
180	texts evaluated by models trained with different pri-	229
181	vacancy levels ( $\epsilon = 8, 16, \infty$ ) and varying numbers of	230
182	injected canaries (0, 50, 200). The utility metrics,	231
183	MAUVE and PPL, reveal that as privacy increases	
184	(lower $\epsilon$ ), MAUVE decreases and PPL rises, indi-	
185	cating lower text quality and diversity due to the	
186	added noise from DP-SGD. Additionally, Model	
187	1 displays lower PPL but also a lower MAUVE	
188	than Model 2, suggesting that while the text gen-	
189	erated by Model 1 is more predictable, it is less	
190	natural and diverse—consistent with the definitions	
191	of MAUVE and PPL. Except in the case where	
192	there is no privacy ( $\epsilon = \infty$ ), where Model 1 shows	
	both lower MAUVE and higher PPL than Model 2.	
	Regarding canary leakage, the more frequently a	
	canary (e.g., name and disease) is injected into the	
	training data, the more it appears in the generated	
	texts, with over 15% of the text containing personal	
	information in some cases. However, when differ-	
	ential privacy is applied, this percentage drops to	
	less than 2%. Despite this reduction, conditions	
	for privacy guarantees are still violated, as differ-	
	ential privacy requires that no individual appear in	
	more than one sample. Consequently, the gener-	
	ated text would be leaking that the individual with	
	the surname “Lopez Perez” is HIV positive.	
	<b>5 Conclusions and Future Work</b>	
	While DP-SGD is widely believed to provide	
	strong privacy guarantees, our findings reveal that	
	memorization in LLMs occurs when those privacy	
	guarantees are compromised, particularly in cases	
	where the same individual appears across multiple	
	samples—an aspect rarely considered when apply-	
	ing these methods. This was done by injecting	
	the same linked personal and sensitive information	
	multiple times in the training data of an LLM and	
	then quantifying the leakage of this information	
	in synthetic generated data by the model, offering	
	a more comprehensive view of information leak-	
	age across entire documents, rather than focusing	
	on individual PII entities. This raises concerns	
	about the effectiveness of DP in clinical datasets,	
	where privacy protection is paramount. Despite	
	these challenges, DP can still serve as a valuable	
	tool for safeguarding individuals if its conditions	
	are properly fulfilled.	
	As future work, we propose employing feature	
	extraction and NER algorithms for personal and	
	sensitive information in each synthetically gener-	
	ated text to further analyze memorization in various	
	differentially private algorithms for generating syn-	
	thetic clinical data.	
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