# Attachment 4 Privacy Impact Assessments (PIAs)

NIH NCI California Health Interview Survey (CHIS) Information Technology System – Page 1

NIH NCI California Health Interview Survey Cancer Control Module (CHIS-CCM) 2009 – Page 17

# 06.1 HHS Privacy Impact Assessment (Form) / NIH NCI California Health Interview Survey (CHIS) Information Technology System (Item)

Primavera ProSight

Form Report, printed by: Milliard, Suzanne, Oct 5, 2010

#### **PIA SUMMARY**

1

The following required questions with an asterisk (\*) represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget (OMB) and public posting in accordance with OMB Memorandum (M) 03-22.

Note: If a question or its response is not applicable, please answer "N/A" to that question where possible. If the system hosts a website, the Website Hosting Practices section is required to be completed regardless of the presence of personally identifiable information (PII). If no PII is contained in the system, please answer questions in the PIA Summary Tab and then promote the PIA to the Senior Official for Privacy who will authorize the PIA. If this system contains PII, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

## 2 Summary of PIA Required Questions

\*Is this a new PIA?

No

If this is an existing PIA, please provide a reason for revision:

**PIA Validation** 

\*1. Date of this Submission:

Jul 30, 2010

\*2. OPDIV Name:

NIH

\*4. Privacy Act System of Records Notice (SORN) Number (If response to Q.21 is Yes, a SORN number is required for Q.4):

N/A

\*5. OMB Information Collection Approval Number:

0925-0598

\*6. Other Identifying Number(s):

N02-PC-54400

\*7. System Name (Align with system item name):

California Health Interview Survey (CHIS) Information Technology System

\*9. System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:

Point of Contact Information		
POC Name	Nancy Breen - NCI /Sansan Lin - UCLA	

\*10. Provide an overview of the system:

The California Health Interview Survey (CHIS) is a population-based random-digit dial telephone survey of California's population conducted every other year since 2001 by the UCLA Center for Health Policy Research (UCLA-CHPR). UCLA-CHPR has the lead responsibility of managing the survey, preparing, maintaining, and disseminating the CHIS data files, reporting the survey findings, and disseminating the survey results. All CHIS confidential data files are maintained at the Data Access Center (DAC). No PII is contained with the CHIS confidential data files. The Data Access Center is designed to provide access to CHIS confidential files in a secured, controlled environment that protects the confidentiality of respondents.

\*13. Indicate if the system is new or an existing one being modified:

New

\*17. Does/Will the system collect, maintain (store), disseminate and/or pass through PII within any database(s), record(s), file(s) or website(s) hosted by this system?

TIP: If the answer to Question 17 is "No" (indicating the system does not contain PII), only the remaining PIA Summary tab questions need to be completed and submitted. If the system does contain PII, the full PIA must be completed and submitted. (Although note that "Employee systems," – i.e., systems that

collect PII "permitting the physical or online contacting of a specific individual ... employed [by] the Federal Government – only need to complete the PIA Summary tab.)

Nο

17a. Is this a GSS PIA included for C&A purposes only, with no ownership of underlying application data? If the response to Q.17a is Yes, the response to Q.17 should be No and only the PIA Summary must be completed.

\*19. Are records on the system retrieved by 1 or more PII data elements?

No

\*21. Is the system subject to the Privacy Act? (If the response to Q.19 is Yes, the response to Q.21 must be Yes and a SORN number is required for Q.4)

No

\*23. If the system shares or discloses PII, please specify with whom and for what purpose(s):

No PII in the system.

\*30. Please describe in detail: (1) The information the agency will collect, maintain, or disseminate (clearly state if the information contained in the system ONLY represents federal contact data); (2) Why and for what purpose the agency will use the information; (3) Explicitly indicate whether the information contains PII; and (4) Whether submission of personal information is voluntary or mandatory:

All data received by UCLA-CHPR is in the de-identified form with all personal identiers removed. All research participants provide verbal consent to participate in CHIS. The verbal consent script for each CHIS survey is approved by the UCLA Institutional Review Board and the California Health & Human Services Committee for the Protection of Human Services. The consent script informs respondents about the voluntary and confidential nature of the survey and assures them that their individual answers would not be linked to their identity or disclosed. There is no PII in the system. All data is given voluntarily by respondents.

\*31. Please describe in detail any processes in place to: (1) Notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of the original collection); (2) Notify and obtain consent from individuals regarding what PII is being collected from them; and (3) How the information will be used or shared. (Note: Please describe in what format individuals will be given notice of consent [e.g., written notice, electronic notice, etc.]):

No PII in the system.

\*32. Does the system host a website? (Note: If the system hosts a website, the Website Hosting Practices section is required to be completed regardless of the presence of PII)

Nο

\*37. Does the website have any information or pages directed at children under the age of thirteen?

Not Applicable

\*50. Are there policies or guidelines in place with regard to the retention and destruction of PII? (Refer to the C&A package and/or the Records Retention and Destruction section in SORN)

Not Applicable

\*54. Briefly describe in detail how the PII will be secured on the system using administrative, technical, and physical controls:

No PII in the system.

#### PIA REQUIRE INFORMATION

# 1 HHS Privacy Impact Assessment (PIA)

The PIA determines if Personally Identifiable Information (PII) is contained within a system, what kind of PII, what is done with that information, and how that information is protected. Systems with PII are subject to an extensive list of requirements based on privacy laws, regulations, and guidance. The HHS Privacy Act Officer may be contacted for issues related to Freedom of Information Act (FOIA) and the Privacy Act. Respective Operating Division (OPDIV) Privacy Contacts may be contacted for issues related to the Privacy Act. The Office of the Chief Information Officer (OCIO) can be used as a resource for questions related to the administrative, technical, and physical controls of the system. Please note that answers to questions with an asterisk (\*) will be submitted to the Office of Management and Budget (OMB) and made publicly available in accordance with OMB Memorandum (M) 03-22.

Note: If a question or its response is not applicable, please answer "N/A" to that question where possible.

2 General Information	
*Is this a new PIA?	
No	
If this is an existing PIA, please provide a reason for revision:	
PIA Validation	
*1. Date of this Submission:	
Jul 30, 2010	
*2. OPDIV Name:	
NIH	
3. Unique Project Identifier (UPI) Number for current fiscal year (Data is auto-populated from the System Inventory form, UPI table):	
*4. Privacy Act System of Records Notice (SORN) Number (If response to Q.21 is Yes, a SORN number is required for Q.4):	
N/A	
*5. OMB Information Collection Approval Number:	
0925-0598	
5a. OMB Collection Approval Number Expiration Date:	
Feb 28, 2011	
*6. Other Identifying Number(s):	
N02-PC-54400	
*7. System Name: (Align with system item name)	
California Health Interview Survey (CHIS) Information Technology System	
8. System Location: (OPDIV or contractor office building, room, city, and state)	

System Location:	
OPDIV or contractor office building	UCLA Center for Health Policy Research, 10960 Wilshire Blvd.
Room	Suite 1550
City	Los Angeles
State	California

\*9. System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:

Point of Contact Information	
POC Name	Nancy Breen - NCI /Sansan Lin - UCLA

The following information will not be made publicly available:

POC Title	Health Research Privacy Compliance Coordinator
POC Organization	UCLA Center for Health Policy Research
POC Phone	310-794-8362
POC Email	sslin@ucla.edu

\*10. Provide an overview of the system: (Note: The System Inventory form can provide additional information for child dependencies if the system is a GSS)

The California Health Interview Survey (CHIS) is a population-based random-digit dial telephone survey of California's population conducted every other year since 2001 by the UCLA Center for Health Policy Research (UCLA-CHPR). UCLA-CHPR has the lead responsibility of managing the survey, preparing, maintaining, and disseminating the CHIS data files, reporting the survey findings, and disseminating the survey results. All CHIS confidential data files are maintained at the Data Access Center (DAC). No PII is contained with the CHIS confidential data files. The Data Access Center is designed to provide access to CHIS confidential files in a secured, controlled environment that protects the confidentiality of respondents.

# SYSTEM CHARACTERIZATION AND DATA CATEGORIZATION

	1 System Characterization and Data Configuration					
1	1. Does HHS own the system?					
1	11a. If no, identify the system owner:					
1.	2. Does HHS operate the system? (If the system is operated at a contractor s	ite, the answer should be No)				
1.	12a. If no, identify the system operator:					
	Indicate if the system is new or an existing one being modified:  ew					
-	4. Identify the life-cycle phase of this system:					
	,,					
1	5. Have any of the following major changes occurred to the system since the	PIA was last submitted?				
	Please indicate "Yes" or "No" for each category below:	Yes/No				
	Conversions					
	Anonymous to Non-Anonymous					
	Significant System Management Changes					
	Significant Merging					
	New Public Access					
	Commercial Sources					
	New Interagency Uses					
	Internal Flow or Collection					
	Alteration in Character of Data					
1	6. Is the system a General Support System (GSS), Major Application (MA), M	finor Application (child) or Minor Application (stand-alone)?				
Ν	Minor Application (child)					
	*17. Does/Will the system collect, maintain (store), disseminate and/or pass through PII within any database(s), record(s), file(s) or website(s) hosted by this system?					
Ν	No					
a	TIP: If the answer to Question 17 is "No" (indicating the system does not contain PII), only the remaining PIA Summary tab questions need to be completed and submitted. If the system does contain PII, the full PIA must be completed and submitted. (Although note that "Employee systems," – i.e., systems that collect PII "permitting the physical or online contacting of a specific individual employed [by] the Federal Government – only need to complete the PIA Summary tab.)					
	Please indicate "Yes" or "No" for each PII category. If the applicable PII category is not listed, please use the Other field to identify the appropriate category of PII.					
	Categories:	Yes/No				
	Name (for purposes other than contacting federal employees)					

Date of Birth	
Social Security Number (SSN)	
Photographic Identifiers	
Driver's License	
Biometric Identifiers	
Mother's Maiden Name	
Vehicle Identifiers	
Personal Mailing Address	
Personal Phone Numbers	
Medical Records Numbers	
Medical Notes	
Financial Account Information	
Certificates	
Legal Documents	
Device Identifiers	
Web Uniform Resource Locator(s) (URL)	
Personal Email Address	
Education Records	
Military Status	
Employment Status	
Foreign Activities	
Other	
17a. Is this a GSS PIA included for C&A purposes only, with no ownership of u Q.17 should be No and only the PIA Summary must be completed.  18. Please indicate the categories of individuals about whom PII is collected, no category is not listed, please use the Other field to identify the appropriate cate is not applicable).	naintained, disseminated and/or passed through. Note: If the applicable PII
Categories:	Yes/No
Employees	
Public Citizen	
Patients	
Business partners/contacts (Federal, state, local agencies)	
Vendors/Suppliers/Contractors	
Other	
*19. Are records on the system retrieved by 1 or more PII data elements?	
No	

Categories:	Yes/No
Name (for purposes other than contacting federal employees)	
Date of Birth	
SSN	
Photographic Identifiers	
Driver's License	
Biometric Identifiers	
Mother's Maiden Name	
Vehicle Identifiers	
Personal Mailing Address	
Personal Phone Numbers	
Medical Records Numbers	
Medical Notes	
Financial Account Information	
Certificates	
Legal Documents	
Device Identifiers	
Web URLs	
Personal Email Address	
Education Records	
Military Status	
Employment Status	
Foreign Activities	
Other	

21a. If yes but a SORN has not been created, please provide an explanation.

# **INFORMATION SHARING PRACTICES**

Information	Sharing	<b>Practices</b>

26. Are individuals notified how their PII is going to be used?

22. Does the s	vstem share or	disclose Pl	I with other	divisions v	within this agency	. external agend	cies, or other	people or or	ganizations outs:	ide the agency	/?

Please indicate "Yes" or "No" for each category below:	Yes/No
Name (for purposes other than contacting federal employees)	
Date of Birth	
SSN	
Photographic Identifiers	
Driver's License	
Biometric Identifiers	
Mother's Maiden Name	
Vehicle Identifiers	
Personal Mailing Address	
Personal Phone Numbers	
Medical Records Numbers	
Medical Notes	
Financial Account Information	
Certificates	
Legal Documents	
Device Identifiers	
Web URLs	
Personal Email Address	
Education Records	
Military Status	
Employment Status	
Foreign Activities	
Other	
3. If the system shares or discloses PII please specify with whom and for w	vhat purpose(s):
o PII in the system.	
I. If the PII in the system is matched against PII in one or more other compl	uter systems, are computer data matching agreement(s) in place?

26a. If yes, please describe the process for allowing individuals to have a choice. If no, please provide an explanation.					
27. Is there a complaint process in place for individuals who believe their PII has been inappropriately obtained, used, or disclosed, or that the PII is inaccurate?					
27a. If yes, please describe briefly the notification pro	ocess. If no, please provide an explanation.				
28. Are there processes in place for periodic reviews	of PII contained in the system to ensure the data's	integrity, availability, accuracy and relevancy?			
28a. If yes, please describe briefly the review process	s. If no, please provide an explanation.				
29. Are there rules of conduct in place for access to I	PII on the system?				
Please indicate "Yes," "No," or "N/A" for each catego	ry. If yes, briefly state the purpose for each user to	have access:			
Users with access to PII	Yes/No/N/A	Purpose			
User					
Administrators					
Developers					

\*30. Please describe in detail: (1) The information the agency will collect, maintain, or disseminate (clearly state if the information contained in the system ONLY represents federal contact data); (2) Why and for what purpose the agency will use the information; (3) Explicitly indicate whether the information contains PII; and (4) Whether submission of personal information is voluntary or mandatory:

All data received by UCLA-CHPR is in the de-identified form with all personal identiers removed. All research participants provide verbal consent to participate in CHIS. The verbal consent script for each CHIS survey is approved by the UCLA Institutional Review Board and the California Health & Human Services Committee for the Protection of Human Services. The consent script informs respondents about the voluntary and confidential nature of the survey and assures them that their individual answers would not be linked to their identity or disclosed. There is no PII in the system. All data is given voluntarily by respondents.

\*31. Please describe in detail any processes in place to: (1) Notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of the original collection); (2) Notify and obtain consent from individuals regarding what PII is being collected from them; and (3) How the information will be used or shared. (Note: Please describe in what format individuals will be given notice of consent [e.g., written notice, electronic notice, etc.])

No PII in the system.

Contractors

Other

# **WEBSITE HOSTING PRACTICES**

1 Website Hosting Practices			
*32. Does the system host a website? (Note: If the s the presence of PII)	ystem hosts a website, the	e Website Hosting Practice	es section is required to be completed regardless of
No			
Please indicate "Yes" or "No" for each type of site below. If the system hosts both Internet and Intranet sites, indicate "Yes" for "Both" only.	Yes/ No		If the system hosts an Internet site, please enter the site URL. Do not enter any URL(s) for Intranet sites.
Internet			
Intranet			
Both			
33. Does the system host a website that is accessible	e by the public and does r	not meet the exceptions lis	ted in OMB M-03-222
Note: OMB M-03-22 Attachment A, Section III, Subse provides three exceptions: (1) Websites containing ir websites that are accessible only by authorized gove defined at 40 U.S.C. 11103 as exempt from the defining the sec	ection C requires agencies offormation other than "government users (employees	s to post a privacy policy fo ernment information" as d , contractors, consultants,	or websites that are accessible to the public, but efined in OMB Circular A-130; (2) Agency intranet fellows, grantees); and (3) National security systems
34. If the website does not meet one or more of the e (consistent with OMB M-03-22 and Title II and III of to			
35. If a website privacy policy is required (i.e., respor Preferences (P3P)?	nse to Q. 34 is "Yes"), is t	he privacy policy in machi	ne-readable format, such as Platform for Privacy
35a. If no, please indicate when the website will be F	'3P compliant:		
36. Does the website employ tracking technologies?			
Please indicate "Yes", "No", or "N/A" for cookie below:	or each type of	Yes/No/N/A	
Web Bugs			
Web Beacons			
Session Cookies			
Persistent Cookies			
Other			
	_	I	
*37. Does the website have any information or pages	s directed at children unde	r the age of thirteen?	
Not Applicable			
37a. If yes, is there a unique privacy policy for the sit information is collected?	e, and does the unique pr	ivacy policy address the p	rocess for obtaining parental consent if any
38. Does the website collect PII from individuals?			

Please indicate "Yes" or "No" for each category below:	Yes/No	
Name (for purposes other than contacting federal employees)		
Date of Birth		
SSN		
Photographic Identifiers		
Driver's License		
Biometric Identifiers		
Mother's Maiden Name		
Vehicle Identifiers		
Personal Mailing Address		
Personal Phone Numbers		
Medical Records Numbers		
Medical Notes		
Financial Account Information		
Certificates		
Legal Documents		
Device Identifiers		
Web URLs		
Personal Email Address		
Education Records		
Military Status		
Employment Status		
Foreign Activities		
Other		
9. Are rules of conduct in place for access to PII on the website?		
10. Does the website contain links to sites external to HHS that owns and/or	operates the system?	
10a. If yes, note whether the system provides a disclaimer notice for users that follow external links to websites not owned or operated by HHS.		

# ADMINISTRATIVE CONTROLS

1 Administrative Controls
Note: This PIA uses the terms "Administrative," "Technical" and "Physical" to refer to security control questions—terms that are used in several Federal laws when referencing security requirements.
41. Has the system been certified and accredited (C&A)?
41a. If yes, please indicate when the C&A was completed (Note: The C&A date is populated in the System Inventory form via the responsible Security personnel):
41b. If a system requires a C&A and no C&A was completed, is a C&A in progress?
42. Is there a system security plan for this system?
43. Is there a contingency (or backup) plan for the system?
44. Are files backed up regularly?
45. Are backup files stored offsite?
46. Are there user manuals for the system?
47. Have personnel (system owners, managers, operators, contractors and/or program managers) using the system been trained and made aware of their responsibilities for protecting the information being collected and maintained?
48. If contractors operate or use the system, do the contracts include clauses ensuring adherence to privacy provisions and practices?
49. Are methods in place to ensure least privilege (i.e., "need to know" and accountability)?
49a. If yes, please specify method(s):
*50. Are there policies or guidelines in place with regard to the retention and destruction of PII? (Refer to the C&A package and/or the Records Retention and Destruction section in SORN):
Not Applicable
50a. If yes, please provide some detail about these policies/practices:

# TECHNICAL CONTROLS

1 Technical Controls		
51. Are technical controls in place to minimize the possibility of unauthorized access	s, use, or dissemination of the data in the system?	
Please indicate "Yes" or "No" for each category below:	Yes/No	
User Identification		
Passwords		
Firewall		
Virtual Private Network (VPN)		
Encryption		
Intrusion Detection System (IDS)		
Common Access Cards (CAC)		
Smart Cards		
Biometrics		
Public Key Infrastructure (PKI)		
52. Is there a process in place to monitor and respond to privacy and/or security inc	idents?	
52a. If yes, please briefly describe the process:		
52a. If yes, please briefly describe the process:		

# PHYSICAL ACCESS

1 1	Physical Access	
53. Are ph	hysical access controls in place?	
Please	e indicate "Yes" or "No" for each category below:	Yes/No
Guards	s	
Identif	fication Badges	
Key Ca	ards	
Cipher	Locks	
Biome	trics	
Closed	Circuit TV (CCTV)	
*54. Briefly	y describe in detail how the PII will be secured on the system using a	administrative, technical, and physical controls:
No PII in	the system.	

APPROVAL/DEMOTION		
1 System Information	on	
System Name:	California Health Interview Survey	(CHIS) Information Technology System
2 PIA Reviewer App	roval/Promotion or Demotio	n
Promotion/Demotion:	Promote	
Comments:		
Approval/Demotion Point of Contact:	Suzy Milliard	
Date:	Jul 30, 2010	
	Privacy Approval/Promotion	or Demotion
Promotion/Demotion:	Promote	
Comments:		
4 OPDIV Senior Offi	cial for Privacy or Designee A	Approval
Please print the PIA and obtain the endorsement of the reviewing official below. Once the signature has been collected, retain a hard copy for the OPDIV's records. Submitting the PIA will indicate the reviewing official has endorsed it		
This PIA has been reviewed	and endorsed by the OPDIV Sen	ior Official for Privacy or Designee (Name and Date):
Name:	Date	:
Name:		Karen Plá
Date:		Sep 28, 2010
5 Department Approval to Publish to the Web		
Approved for web publishing		Yes
Date Published:		Sep 1, 2009
Publicly posted PIA URL or no PIA URL explanation:		

# PIA % COMPLETE

1 PIA Completion	
PIA Percentage Complete:	100.00
PIA Missing Fields:	

# 06.1 HHS Privacy Impact Assessment (Form) / NIH NCI California Health Interview Survey Cancer Control Module (CHIS-CCM) 2009 (Item)

Primavera ProSight

Form Report, printed by: Milliard, Suzanne, Oct 5, 2010

#### **PIA SUMMARY**

1

The following required questions with an asterisk (\*) represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget (OMB) and public posting in accordance with OMB Memorandum (M) 03-22.

Note: If a question or its response is not applicable, please answer "N/A" to that question where possible. If the system hosts a website, the Website Hosting Practices section is required to be completed regardless of the presence of personally identifiable information (PII). If no PII is contained in the system, please answer questions in the PIA Summary Tab and then promote the PIA to the Senior Official for Privacy who will authorize the PIA. If this system contains PII, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

## 2 Summary of PIA Required Questions

\*Is this a new PIA?

No

If this is an existing PIA, please provide a reason for revision:

**PIA Validation** 

\*1. Date of this Submission:

Jul 30, 2010

\*2. OPDIV Name:

NIH

\*4. Privacy Act System of Records Notice (SORN) Number (If response to Q.21 is Yes, a SORN number is required for Q.4):

N/A

\*5. OMB Information Collection Approval Number:

0925-0598

\*6. Other Identifying Number(s):

N02-PC-54400

\*7. System Name (Align with system item name):

NIH NCI California Health Interview Survey Cancer Control Module (CHIS-CCM) 2009

\*9. System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:

Point of Contact Information	
POC Name	Nancy Breen

\*10. Provide an overview of the system:

IMS is contracted by NCI to maintain CHIS microdata in a secure environment. There is no identifying information in the data. CHIS data include a range of cancer control variables for respondents including use of cancer screening, and a wide range of socio-demographic variables including health insurance status, usual source of health care. NCI analysts examine statistical patterns and trends in cancer control outcomes in California using CHIS. IMS staff develop programs to conduct statistical analyses as specified by NCI researchers.

\*13. Indicate if the system is new or an existing one being modified:

#### Existing

\*17. Does/Will the system collect, maintain (store), disseminate and/or pass through PII within any database(s), record(s), file(s) or website(s) hosted by this system?

TIP: If the answer to Question 17 is "No" (indicating the system does not contain PII), only the remaining PIA Summary tab questions need to be completed and submitted. If the system does contain PII, the full PIA must be completed and submitted. (Although note that "Employee systems," – i.e., systems that collect PII "permitting the physical or online contacting of a specific individual ... employed [by] the Federal Government – only need to complete the PIA Summary tab.)

Nο

17a. Is this a GSS PIA included for C&A purposes only, with no ownership of underlying application data? If the response to Q.17a is Yes, the response to Q.17 should be No and only the PIA Summary must be completed.

\*19. Are records on the system retrieved by 1 or more PII data elements?

No

\*21. Is the system subject to the Privacy Act? (If the response to Q.19 is Yes, the response to Q.21 must be Yes and a SORN number is required for Q.4)

No

\*23. If the system shares or discloses PII, please specify with whom and for what purpose(s):

N/A

- \*30. Please describe in detail: (1) The information the agency will collect, maintain, or disseminate (clearly state if the information contained in the system ONLY represents federal contact data); (2) Why and for what purpose the agency will use the information; (3) Explicitly indicate whether the information contains PII; and (4) Whether submission of personal information is voluntary or mandatory:
- 1) IMS is under contract with NCI to maintain CHIS microdata files as needed for analysis by NCI. IMS programers and statisticians work under contract with NCI staff to help with programming and statistical analysis as specified by NCI staff. 2) NCI uses CHIS data to conduct statistical analysis of cancer control outcomes. These include use of cancer screening services, patterns and trends in tobacco use, physical activity and other cancer-control related behaviors. 3) No PII in the system. 4) No PII in the system.
- \*31. Please describe in detail any processes in place to: (1) Notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of the original collection); (2) Notify and obtain consent from individuals regarding what PII is being collected from them; and (3) How the information will be used or shared. (Note: Please describe in what format individuals will be given notice of consent [e.g., written notice, electronic notice, etc.]):

No PII in the system.

\*32. Does the system host a website? (Note: If the system hosts a website, the Website Hosting Practices section is required to be completed regardless of the presence of PII)

Nο

\*37. Does the website have any information or pages directed at children under the age of thirteen?

No

\*50. Are there policies or guidelines in place with regard to the retention and destruction of PII? (Refer to the C&A package and/or the Records Retention and Destruction section in SORN)

Not Applicable

\*54. Briefly describe in detail how the PII will be secured on the system using administrative, technical, and physical controls:

No PII in the system.

#### PIA REQUIRE INFORMATION

## 1 HHS Privacy Impact Assessment (PIA)

The PIA determines if Personally Identifiable Information (PII) is contained within a system, what kind of PII, what is done with that information, and how that information is protected. Systems with PII are subject to an extensive list of requirements based on privacy laws, regulations, and guidance. The HHS Privacy Act Officer may be contacted for issues related to Freedom of Information Act (FOIA) and the Privacy Act. Respective Operating Division (OPDIV) Privacy Contacts may be contacted for issues related to the Privacy Act. The Office of the Chief Information Officer (OCIO) can be used as a resource for questions related to the administrative, technical, and physical controls of the system. Please note that answers to questions with an asterisk (\*) will be submitted to the Office of Management and Budget (OMB) and made publicly available in accordance with OMB Memorandum (M) 03-22.

Note: If a question or its response is not applicable, please answer "N/A" to that question where possible.

2 General Information		
*Is this a new PIA?		
No		
If this is an existing PIA, please provide a reason for revision:		
PIA Validation		
*1. Date of this Submission:		
Jul 30, 2010		
*2. OPDIV Name:		
NIH		
3. Unique Project Identifier (UPI) Number for current fiscal year (Data is auto-p	oppulated from the System Inventory form, UPI table):	
*4. Privacy Act System of Records Notice (SORN) Number (If response to Q.2	1 is Yes, a SORN number is required for Q.4):	
N/A		
*5. OMB Information Collection Approval Number:		
0925-0598		
5a. OMB Collection Approval Number Expiration Date:		
Feb 28, 2011		
*6. Other Identifying Number(s):		
N02-PC-54400		
*7. System Name: (Align with system item name)		
NIH NCI California Health Interview Survey Cancer Control Module (CHIS-CCM) 2009		
8. System Location: (OPDIV or contractor office building, room, city, and state)		
System Location:		
OPDIV or contractor office building	12501 Prosperity Drive	
Room	Suite 200 - Server Room	
City	Silver Spring	
State	MD	

\*9. System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:

Point of Contact Information	
POC Name	Nancy Breen

The following information will not be made publicly available:

POC Title	Project Officer
POC Organization	NCI/DCCPS/ARP/HSEB
POC Phone	301-496-4675
POC Email	breenn@mail.nih.gov

\*10. Provide an overview of the system: (Note: The System Inventory form can provide additional information for child dependencies if the system is a GSS)

IMS is contracted by NCI to maintain CHIS microdata in a secure environment. There is no identifying information in the data. CHIS data include a range of cancer control variables for respondents including use of cancer screening, and a wide range of socio-demographic variables including health insurance status, usual source of health care. NCI analysts examine statistical patterns and trends in cancer control outcomes in California using CHIS. IMS staff develop programs to conduct statistical analyses as specified by NCI researchers.

# SYSTEM CHARACTERIZATION AND DATA CATEGORIZATION

	1 System Characterization and Data Configuration		
11. Does HHS own the system?			
11a	a. If no, identify the system owner:		
12.	Does HHS operate the system? (If the system is operated at a contractor s	ite, the answer should be No)	
128	12a. If no, identify the system operator:		
	. Indicate if the system is new or an existing one being modified:		
	Identify the life evelophese of this system:		
14.	Identify the life-cycle phase of this system:		
15	Have any of the following major changes occurred to the system since the	PIA was last submitted?	
10.	Trave any of the following major changes occurred to the system since the	TIA was last submitted:	
F	Please indicate "Yes" or "No" for each category below:	Yes/No	
	Conversions	133710	
	Inonymous to Non-Anonymous		
	Significant System Management Changes		
	Significant Merging		
	lew Public Access		
	Commercial Sources		
ı	lew Interagency Uses		
I	nternal Flow or Collection		
-	Alteration in Character of Data		
16. Is the system a General Support System (GSS), Major Application (MA), Minor Application (child) or Minor Application (stand-alone)?			
Minor Application (child)			
*17. Does/Will the system collect, maintain (store), disseminate and/or pass through PII within any database(s), record(s), file(s) or website(s) hosted by this system?			
No			
TIP: If the answer to Question 17 is "No" (indicating the system does not contain PII), only the remaining PIA Summary tab questions need to be completed and submitted. (Although note that "Employee systems," – i.e., systems that collect PII "permitting the physical or online contacting of a specific individual employed [by] the Federal Government – only need to complete the PIA Summary tab.)			
Please indicate "Yes" or "No" for each PII category. If the applicable PII category is not listed, please use the Other field to identify the appropriate category of PII.			
C	Categories:	Yes/No	
	lame (for purposes other than contacting federal employees)		

Date of Birth		
Social Security Number (SSN)		
Photographic Identifiers		
Driver's License		
Biometric Identifiers		
Mother's Maiden Name		
Vehicle Identifiers		
Personal Mailing Address		
Personal Phone Numbers		
Medical Records Numbers		
Medical Notes		
Financial Account Information		
Certificates		
Legal Documents		
Device Identifiers		
Web Uniform Resource Locator(s) (URL)		
Personal Email Address		
Education Records		
Military Status		
Employment Status		
Foreign Activities		
Other		
17a. Is this a GSS PIA included for C&A purposes only, with no ownership of underlying application data? If the response to Q.17a is Yes, the response to Q.17 should be No and only the PIA Summary must be completed.  18. Please indicate the categories of individuals about whom PII is collected, maintained, disseminated and/or passed through. Note: If the applicable PII category is not listed, please use the Other field to identify the appropriate category of PII. Please answer "Yes" or "No" to each of these choices (NA in othe is not applicable).		
Categories:	Yes/No	
Employees		
Public Citizen		
Patients		
Business partners/contacts (Federal, state, local agencies)		
Vendors/Suppliers/Contractors		
Other		
*19. Are records on the system retrieved by 1 or more PII data elements?		
No		

Please indicate	"Yes" or "No"	for each PII category.	If the applicable PII category is not listed	d, please use the Othe	er field to identify the appropr	riate category
of PII.						

Categories:	Yes/No
Name (for purposes other than contacting federal employees)	
Date of Birth	
SSN	
Photographic Identifiers	
Driver's License	
Biometric Identifiers	
Mother's Maiden Name	
Vehicle Identifiers	
Personal Mailing Address	
Personal Phone Numbers	
Medical Records Numbers	
Medical Notes	
Financial Account Information	
Certificates	
Legal Documents	
Device Identifiers	
Web URLs	
Personal Email Address	
Education Records	
Military Status	
Employment Status	
Foreign Activities	
Other	
20. Are 10 or more records containing PII maintained, stored or transmitted/pa	assed through this system?
OA to the supplier while the Driver A 10 // //	1000 Market 1000 M
21. Is the system subject to the Privacy Act? (If the response to Q.19 is Yes,	tne response to Q.21 must be Yes and a SORN number is required for Q.4)
ta. If yes but a SORN has not been created, please provide an explanation.	

# **INFORMATION SHARING PRACTICES**

Sharing	<b>Practices</b>
	Sharing

22 Does the system share or disclose	e PII with other divisions within this agency,	external agencies, or other people or o	rganizations outside the agency?

Please indicate "Yes" or "No" for each category below:	Yes/No
Name (for purposes other than contacting federal employees)	
Date of Birth	
SSN	
Photographic Identifiers	
Driver's License	
Biometric Identifiers	
Mother's Maiden Name	
Vehicle Identifiers	
Personal Mailing Address	
Personal Phone Numbers	
Medical Records Numbers	
Medical Notes	
Financial Account Information	
Certificates	
Legal Documents	
Device Identifiers	
Web URLs	
Personal Email Address	
Education Records	
Military Status	
Employment Status	
Foreign Activities	
Other	
23. If the system shares or discloses PII please specify with whom and for w	hat purpose(s):
I/A	
4. If the PII in the system is matched against PII in one or more other computer systems, are computer data matching agreement(s) in place?	
15. Is there a process in place to notify organizations or systems that are depelevisions to PII, or when the system is replaced)?	endent upon the PII contained in this system when major changes occur (i.e.,
6. Are individuals notified how their PII is going to be used?	

26a. If yes, please describe the process for a	allowing individuals to have a choice. If no, p	please provide an explanation.
27. Is there a complaint process in place for inaccurate?	individuals who believe their PII has been in	nappropriately obtained, used, or disclosed, or that the PII is
27a. If yes, please describe briefly the notific	ation process. If no, please provide an expl	lanation.
28. Are there processes in place for periodic	reviews of PII contained in the system to en	nsure the data's integrity, availability, accuracy and relevancy?
28a. If yes, please describe briefly the review	v process. If no, please provide an explanat	tion.
29. Are there rules of conduct in place for ac	cess to PII on the system?	
Please indicate "Yes," "No," or "N/A" for each	h category. If yes, briefly state the purpose	for each user to have access:
Users with access to PII	Yes/No/N/A	Purpose
User		
Administrators		
Developers		
Contractors		
Other		
		sseminate (clearly state if the information contained in the system
ONLY represents federal contact data); (2) I contains PII; and (4) Whether submission of		se the information; (3) Explicitly indicate whether the information fory:

- 1) IMS is under contract with NCI to maintain CHIS microdata files as needed for analysis by NCI. IMS programers and statisticians work under contract with NCI staff to help with programming and statistical analysis as specified by NCI staff. 2) NCI uses CHIS data to conduct statistical analysis of cancer control outcomes. These include use of cancer screening services, patterns and trends in tobacco use, physical activity and other cancer-control related behaviors. 3) No PII in the system. 4) No PII in the system.
- \*31. Please describe in detail any processes in place to: (1) Notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of the original collection); (2) Notify and obtain consent from individuals regarding what PII is being collected from them; and (3) How the information will be used or shared. (Note: Please describe in what format individuals will be given notice of consent [e.g., written notice, electronic notice, etc.])

No PII in the system.

# **WEBSITE HOSTING PRACTICES**

1 Website Hosting Practices			
*32. Does the system host a website? (Note: If the s the presence of PII)	system hosts a website, the	e Website Hosting Practice	es section is required to be completed regardless of
No			
Please indicate "Yes" or "No" for each type of site below. If the system hosts both Internet and Intranet sites, indicate "Yes" for "Both" only.	Yes/ No		If the system hosts an Internet site, please enter the site URL. Do not enter any URL(s) for Intranet sites.
Internet			
Intranet			
Both			
33. Does the system host a website that is accessible	e by the public and does r	ot meet the exceptions lis	ted in OMB M-03-22?
Note: OMB M-03-22 Attachment A, Section III, Subse provides three exceptions: (1) Websites containing in	ection C requires agencies oformation other than "government users (employees	s to post a privacy policy fo ernment information" as d , contractors, consultants,	or websites that are accessible to the public, but efined in OMB Circular A-130; (2) Agency intranet fellows, grantees); and (3) National security systems
34. If the website does not meet one or more of the e (consistent with OMB M-03-22 and Title II and III of to			
35. If a website privacy policy is required (i.e., respor Preferences (P3P)?	nse to Q. 34 is "Yes"), is t	he privacy policy in machi	ne-readable format, such as Platform for Privacy
35a. If no, please indicate when the website will be F	'3P compliant:		
36. Does the website employ tracking technologies?			
Please indicate "Yes", "No", or "N/A" for cookie below:	or each type of	Yes/No/N/A	
Web Bugs			
Web Beacons			
Session Cookies			
Persistent Cookies			
Other			
	_	I	
*37. Does the website have any information or pages	s directed at children unde	r the age of thirteen?	
No			
37a. If yes, is there a unique privacy policy for the sit information is collected?	e, and does the unique pr	ivacy policy address the p	rocess for obtaining parental consent if any
38. Does the website collect PII from individuals?			

Please indicate "Yes" or "No" for each category below:  Name (for purposes other than contacting federal employees)		
D		
Date of Birth		
SSN		
Photographic Identifiers		
Driver's License		
Biometric Identifiers		
Mother's Maiden Name		
Vehicle Identifiers		
Personal Mailing Address		
Personal Phone Numbers		
Medical Records Numbers		
Medical Notes		
Financial Account Information		
Certificates		
Legal Documents		
Device Identifiers		
Web URLs		
Personal Email Address		
Education Records		
Military Status		
<b>Employment Status</b>		
Foreign Activities		
Other		
39. Are rules of conduct in place for access to PII on the website?		
10. Does the website contain links to sites external to HHS that owns and/or	r operates the system?	
10a. If yes, note whether the system provides a disclaimer notice for users that follow external links to websites not owned or operated by HHS.		

# ADMINISTRATIVE CONTROLS

1 Administrative Controls
Note: This PIA uses the terms "Administrative," "Technical" and "Physical" to refer to security control questions—terms that are used in several Federal laws when referencing security requirements.
41. Has the system been certified and accredited (C&A)?
41a. If yes, please indicate when the C&A was completed (Note: The C&A date is populated in the System Inventory form via the responsible Security personnel):
41b. If a system requires a C&A and no C&A was completed, is a C&A in progress?
42. Is there a system security plan for this system?
43. Is there a contingency (or backup) plan for the system?
44. Are files backed up regularly?
45. Are backup files stored offsite?
46. Are there user manuals for the system?
47. Have personnel (system owners, managers, operators, contractors and/or program managers) using the system been trained and made aware of their responsibilities for protecting the information being collected and maintained?
48. If contractors operate or use the system, do the contracts include clauses ensuring adherence to privacy provisions and practices?
49. Are methods in place to ensure least privilege (i.e., "need to know" and accountability)?
49a. If yes, please specify method(s):
*50. Are there policies or guidelines in place with regard to the retention and destruction of PII? (Refer to the C&A package and/or the Records Retention and Destruction section in SORN):
Not Applicable
50a. If yes, please provide some detail about these policies/practices:

# TECHNICAL CONTROLS

Technical Controls  1. Are technical controls in place to minimize the possibility of unauthorized access, use, or dissemination of the data in the system?		
Please indicate "Yes" or "No" for each category below:	Yes/No	
User Identification		
Passwords		
Firewall		
Virtual Private Network (VPN)		
Encryption		
Intrusion Detection System (IDS)		
Common Access Cards (CAC)		
Smart Cards		
Biometrics		
Public Key Infrastructure (PKI)		
2. Is there a process in place to monitor and respond to privacy and/or security inciden	nts?	
2a. If yes, please briefly describe the process:		

# PHYSICAL ACCESS

1	Physical Access	
53. Are p	physical access controls in place?	
Pleas	e indicate "Yes" or "No" for each category below:	Yes/No
Guard	ds	
Ident	ification Badges	
Key C	cards	
Ciphe	er Locks	
Biom	etrics	
Close	d Circuit TV (CCTV)	
*54. Brief	fly describe in detail how the PII will be secured on the system using a	administrative, technical, and physical controls:
No PII ii	n the system.	

1 System Inf	ormation		
System Name:	NIH NCI California Health Interview	N Survey Cancer Control Module (CHIS-CCM) 2009	
2 PIA Reviewer Approval/Promotion or Demotion			
Promotion/Demotion	n: Promote		
Comments:			
Approval/Demotion of Contact:	Point Suzy Milliard		
Date:	Jul 30, 2010		
	,		
3 Senior Office	cial for Privacy Approval/Promotion	n or Demotion	
Promotion/Demotion	n: Promote		
Comments:			
4 OPDIV Sen	ior Official for Privacy or Designee	Approval	
Please print the PIA and obtain the endorsement of the reviewing official below. Once the signature has been collected, retain a hard copy for the OPDIV's records. Submitting the PIA will indicate the reviewing official has endorsed it			
This PIA has been reviewed and endorsed by the OPDIV Senior Official for Privacy or Designee (Name and Date):			
Name: Date:			
Name:		Karen Plá	
Date:		Sep 28, 2010	
5 Department Approval to Publish to the Web			
Approved for web publishing		Yes	
Date Published:		Sep 1, 2009	
Publicly posted PIA LIPL or no PIA LIPL explanation:			

APPROVAL/DEMOTION

# PIA % COMPLETE

1 PIA Completion	
PIA Percentage Complete:	100.00
PIA Missing Fields:	