# **APPENDIX F1**

# SECURITY AND PRIVACY ONLINE REPORTING TOOL (SPORT) PIA FORM

(Item)

06.1 HHS Privacy Impact Assessment (Form)

Primavera

ProSight

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?
Yes
If this is an existing PIA, please provide a reason for revision:
*1. Date of this Submission:
*2. OPDIV Name:
DCCPS/NCI
*4. Privacy Act System of Records Notice (SORN) Number (If response to Q.21 is Yes, a SORN number is required for Q.4):
09-25-0200
*5. OMB Information Collection Approval Number:
0925-0538 approval pending
*6. Other Identifying Number(s):

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

Health Information National Trends Survey 4 (HINTS 4)

\*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 Terisa Davis	

\*10. Provide an overview of the system:

HINTS is a survey of the adult U.S. population authorized by the Public Health Services Act, Sections 411 (42 **USC** *§* **285**a) and 412 (42 **USC** *§* 285a-1.1 and 285a-1.3). The goal of HINTS is to monitor population trends in cancer communication practices, information preferences, risk behaviors, attitudes, and cancer knowledge. Data will be collected via mailed paper surveys over the course of 4 data collection cycles.

\*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? Yes

Note: This question seeks to identify any, and all, personal information associated with the system. This includes any PII, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. If the information contained in the system ONLY represents federal contact data (i.e., federal contact name, federal address, federal phone number, and federal email address), it does not qualify as PII, according to the E-Government Act of 2002, and the response to Q.17 should be No (only the PIA Summary is required). If the system contains a mixture of federal contact information and other types of PII, the response to Q.17 should be Yes (full PIA is required).

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. NO

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

yes

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

Identifying information is provided to authorized Westat study staff in order to make contact with respondents and to track information. The identifying information is not shared with anyone outside of Westat.

- \*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. Government Authorization: The Public Health Services Act, Sections 411 (42 **USC** § **285**a) and 412 (42 **USC** § 285a-1.1 and 285a-1.3).
  - 2. Information collected: HINTS collects information on population trends in cancer communication practices, information preferences, risk behaviors, attitudes, and cancer knowledge.
  - 3. Purpose of collection: HINTS will allow NCI and the cancer communication community to refine its communication priorities, identify deficits in cancer-related population knowledge, and develop evidence-based strategies for selecting the most effective channels to reach identified demographic population groups, including typically underserved populations such as minorities and persons living in poverty.
  - 4. Routine disclosure: there are no routine uses for which IIF would be disclosed to those not authorized to use the system (e.g., Westat employees assigned to the project).
  - 5. Voluntary or mandatory: Information is provided on a voluntary basis only.
  - 6. Effects of not providing information: Not mandatory. There are no effects if the information is not provided.
- \*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.]):

Information about the study and data disclosure is provided to respondents in written form along with the survey instrument. Completion and return of the survey is considered to be consent to participate. No changes in disclosure or data use will be permitted without explicit consent from each survey respondent.

\*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)

Yes

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

IIF is secured using password-protected networks, system firewalls, and key cards/identification badges for all physical locations. Data is maintained in a secure database. Information will be secured using all applicable NIST security controls.

#### 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 th	is a new PIA?
Yes	
If this	is an existing PIA, please provide a reason for revision:
*1. D	ate of this Submission:
*2. O	PDIV Name:
DCCI	PS/NCI
	ique Project Identifier (UPI) Number for current fiscal year (Data is auto-populated from stem Inventory form, UPI table):
	ivacy Act System of Records Notice (SORN) Number (If response to Q.21 is Yes, a I number is required for Q.4):
09-25	-0200
*5. O	MB Information Collection Approval Number:
0925-	0538 approval pending
5a. O	MB Collection Approval Number Expiration Date:
pendi	ng
*6. O	ther Identifying Number(s):

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

Health Information National Trends Survey 4 (HINTS 4)

8. System Location: (OPDIV or contractor office building, room, city, and state)

System Location:	Westat
OPDIV or contractor office building	1600 Research Blvd.
Room	RE 711
City	Rockville
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	Terisa Davis

The following information will not be made publicly available:

POC Title	Project Director
POC Organization	Westat
POC Phone	301-294-2864
POC Email	terisadavis@westat.com daviste@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)

HINTS is a survey of the adult U.S. population authorized by the Public Health Services Act, Sections 411 (42 **USC** § **285**a) and 412 (42 **USC** § 285a-1.1 and 285a-1.3). The goal of HINTS is to monitor population trends in cancer communication practices, information preferences, risk behaviors, attitudes, and cancer knowledge. Data will be collected via mailed paper surveys over the course of 4 data collection cycles.

### SYSTEM CHARACTERIZATION AND DATA CATEGORIZATION

System Characterization and Data Configuration	
11. Does HHS own the system?	
Yes	
11a. If no, identify the system owner:	
12. Does HHS operate the system? (If the syste should be No)	m is operated at a contractor site, the answer
No	
12a. If no, identify the system operator:	
Westat	
*13. Indicate if the system is new or an existing	gone being modified:
New	
14. Identify the life-cycle phase of this system:	
Development	
15 II	11
submitted?	ccurred to the system since the PIA was last
	ccurred to the system since the PIA was last
submitted?	ccurred to the system since the PIA was last
submitted?  no  Please indicate "Yes" or "No" for each category below:	Yes/No
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions	, 
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous	, 
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous  Significant System Management Changes	, 
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous	, 
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous  Significant System Management Changes	, 
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous  Significant System Management Changes  Significant Merging	, 
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous  Significant System Management Changes  Significant Merging  New Public Access	, 
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous  Significant System Management Changes  Significant Merging  New Public Access  Commercial Sources	, 
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous  Significant System Management Changes  Significant Merging  New Public Access  Commercial Sources  New Interagency Uses	
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous  Significant System Management Changes  Significant Merging  New Public Access  Commercial Sources  New Interagency Uses  Internal Flow or Collection	
submitted?  no  Please indicate "Yes" or "No" for each category below:  Conversions  Anonymous to Non-Anonymous  Significant System Management Changes  Significant Merging  New Public Access  Commercial Sources  New Interagency Uses  Internal Flow or Collection	Yes/No  Yes/No  SS), Major Application (MA), Minor
submitted?  no  Please indicate "Yes" or "No" for each category below:  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  16. Is the system a General Support System (Galactic System)	Yes/No  Yes/No  SS), Major Application (MA), Minor

\*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?

yes

Note: This question seeks to identify any, and all, personal information associated with the system. This includes any PII, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. If the information contained in the system ONLY represents business contact data (i.e., business contact name, business address, business phone number, and business email address), it does not qualify as PII, according to the E-Government Act of 2002, and the response to Q.17 should be No (only the PIA Summary is required). If the system contains a mixture of business contact information and other types of PII, the response to Q.17 should be Yes (full PIA is required).

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)	yes
Date of Birth	No
Social Security Number (SSN)	No
Photographic Identifiers	No
Driver's License	No
Biometric Identifiers	No
Mother's Maiden Name	No
Vehicle Identifiers	No
Personal Mailing Address	Yes
Personal Phone Numbers	yes
Medical Records Numbers	No
Medical Notes	No
Financial Account Information	No
Certificates	No
Legal Documents	No
Device Identifiers	No
Web Uniform Resource Locator(s) (URL)	No
Personal Email Address	No

Education Records	No
Military Status	Yes
Employment Status	Yes
Foreign Activities	No
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.

#### No

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 other is not applicable).

Categories:	Yes/No
Employees	No
Public Citizen	Yes
Patients	No
Business partners/contacts (Federal, state, local agencies)	No
Vendors/Suppliers/Contractors	No
Other	

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

# yes

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)	Yes
Date of Birth	No
SSN	No
Photographic Identifiers	No
Driver's License	No
Biometric Identifiers	No

Mother's Maiden Name	No
Vehicle Identifiers	No
Personal Mailing Address	Yes
Personal Phone Numbers	No
Medical Records Numbers	No
Medical Notes	No
Financial Account Information	No
Certificates	No
Legal Documents	No
Device Identifiers	No
Web URLs	No
Personal Email Address	No
Education Records	No
Military Status	No
Employment Status	No
Foreign Activities	No
Other	

 $20.\ Are\ 10$  or more records containing PII maintained, stored or transmitted/passed through this system?

yes

\*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)

yes

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

### INFORMATION SHARING PRACTICES

1	Information	Sharing	Practices
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22. Does the system share or disclose PII with other divisions within this agency, external agencies, or other people or organizations outside the agency?

NO

NA

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 what purpose(s):

24. 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?

### NA

25. Is there a process in place to notify organizations or systems that are dependent upon the PII contained in this system when major changes occur (i.e., revisions to PII, or when the system is replaced)?

### NA

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

#### Yes

26a. If yes, please describe the process for allowing individuals to have a choice. If no, please provide an explanation.

Information about the study, including the privacy and use of data, is provided to respondents in writing. Respondents choose whether to complete and send back the paper questionnaire.

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?

yes

27a. If yes, please describe briefly the notification process. If no, please provide an explanation.

Respondents are provided with contact information for the study (including a toll-free number) that they can contact with concerns or questions.

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?

yes

28a. If yes, please describe briefly the review process. If no, please provide an explanation.

System functionality, security and accuracy are tested during system development and subsequently tested at regular intervals throughout the data collection period.

29. Are there rules of conduct in place for access to PII on the system?

yes

Please indicate "Yes," "No," or "N/A" for each category. If yes, briefly state the purpose for each user to have access:

Users with access to PII	Yes/No/N/A		Purpose
User		Yes	Managing the mailing of
			survey packages, reviewing
			status of survey packages,
			responding to calls to the toll-
			free help line

Administrators	Yes	0 0
		support
Developers	Yes	Trouble-shoot system problems
Contractors	Yes	All Westat staff are contractors
Other		

- \*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. Government Authorization: The Public Health Services Act, Sections 411 (42 **USC** § **285**a) and 412 (42 **USC** § 285a-1.1 and 285a-1.3).
  - Information collected: HINTS collects information on population trends in cancer communication practices, information preferences, risk behaviors, attitudes, and cancer knowledge.
  - 3. Purpose of collection: HINTS will allow NCI and the cancer communication community to refine its communication priorities, identify deficits in cancer-related population knowledge, and develop evidence-based strategies for selecting the most effective channels to reach identified demographic population groups, including typically underserved populations such as minorities and persons living in poverty.
  - 4. Routine disclosure: there are no routine uses for which IIF would be disclosed to those not authorized to use the system (e.g., Westat employees assigned to the project).
- 5. Voluntary or mandatory: Information is provided on a voluntary basis only. Effects of not providing information: Not mandatory. There are no effects if the information is not provided.
- \*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.])

Information about the study and data disclosure is provided to respondents in written form along with the survey instrument. Completion and return of the survey is considered to be consent to participate. No changes in disclosure or data use will be permitted without explicit consent from each survey respondent.

#### WEBSITE HOSTING PRACTICES

1	Website Hosting	g Practices

\*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)

yes

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	No	
Intranet	yes	
Both		

33. Does the system host a website that is accessible by the public and does not meet the exceptions listed in OMB M-03-22? no

Note: OMB M-03-22 Attachment A, Section III, Subsection C requires agencies to post a privacy policy for websites that are accessible to the public, but provides three exceptions: (1) Websites containing information other than "government information" as defined in OMB Circular A-130; (2) Agency intranet websites that are accessible only by authorized government users (employees, contractors, consultants, fellows, grantees); and (3) National security systems defined at 40 U.S.C. 11103 as exempt from the definition of information technology (see section 202(i) of the E-Government Act.).

34. If the website does not meet one or more of the exceptions described in Q. 33 (i.e., response to Q. 33 is "Yes"), a website privacy policy statement (consistent with OMB M-03-22 and Title II and III of the E-Government Act) is required. Has a website privacy policy been posted?

NA

35. If a website privacy policy is required (i.e., response to Q. 34 is "Yes"), is the privacy policy in machine-readable format, such as Platform for Privacy Preferences (P3P)?

NA

35a. If no, please indicate when the website will be P3P compliant:

NA

36. Does the website employ tracking technologies?

NA

Please indicate "Yes", "No", or "N/A" for each type of cookie	Yes/No/N/A
below:	

Web Bugs	NA
Web Beacons	NA
Session Cookies	NA
Persistent Cookies	NA
Other	NA

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

# NA

37a. If yes, is there a unique privacy policy for the site, and does the unique privacy policy address the process for obtaining parental consent if any information is collected?

# NA

38. Does the website collect PII from individuals?

# NA

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		
39. Are rules of conduct in place for access to P	II on the website?	
40. Does the website contain links to sites external to HHS that owns and/or operates the system?		
40a. If yes, note whether the system provides a disclaimer notice for users that follow external inks 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)?

NO

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):

NΑ

41b. If a system requires a C&A and no C&A was completed, is a C&A in progress?

NA

42. Is there a system security plan for this system?

YES

43. Is there a contingency (or backup) plan for the system?

YES

44. Are files backed up regularly?

YES

45. Are backup files stored offsite?

YES

46. Are there user manuals for the system?

NO

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?

YES

48. If contractors operate or use the system, do the contracts include clauses ensuring adherence to privacy provisions and practices?

YES

49. Are methods in place to ensure least privilege (i.e., "need to know" and accountability)?

YES

49a. If yes, please specify method(s):

Individuals are granted rights to the information in the system by the project director, who determines need-to-know based on the kind of job the person is doing and the particular

requirements of the tasks assigned to that person.

\*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):

yes

50a. If yes, please provide some detail about these policies/practices:

IIF will be destroyed within 6 months of the end of the study.

#### TECHNICAL CONTROLS

### 1 Technical Controls

51. Are technical controls in place to minimize the possibility of unauthorized access, use, or dissemination of the data in the system?

yes

Please indicate "Yes" or "No" for each category below:	Yes/No
User Identification	Yes
Passwords	Yes
Firewall	Yes
Virtual Private Network (VPN)	No
Encryption	Yes
Intrusion Detection System (IDS)	Yes
Common Access Cards (CAC)	No
Smart Cards	No
Biometrics	No
Public Key Infrastructure (PKI)	yes

52. Is there a process in place to monitor and respond to privacy and/or security incidents? yes

52a. If yes, please briefly describe the process:

Westat network systems support group is responsible for monitoring and responding to any security incident in collaboration with the project. The systems group employs various tools like Snort, regularly scheduled internal and external agency network vulnerability scans, etc. to stay on top of any security threat. An incident response plan has been prepared. System security is monitored and, should a breach occur, procedures are in place for notifying appropriate officials so as to meet the OMB requirement for timely reporting of IIF-related information security incidents.

#### PHYSICAL ACCESS

# 1 Physical Access

53. Are physical access controls in place?

yes

Please indicate "Yes" or "No" for each category below:	Yes/No
Guards	Yes
Identification Badges	Yes
Key Cards	Yes
Cipher Locks	Yes
Biometrics	No
Closed Circuit TV (CCTV)	yes

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

IIF is secured using password-protected networks, system firewalls, and keycards/identification badges for all physical locations. Data is maintained in a secure database. Information is secured on the system through access controls, personnel security awareness and training, regular auditing of information and information management processes, careful monitoring of the information system, control of changes to the system, appropriate handling and testing of contingencies and contingency planning, ensuring that all users are properly identified and authorized for access, and that they are aware of the rules and acknowledge that fact, by ensuring that any incident is handled expeditiously, properly maintaining the system and regulating the environment the system operates in, controlling media, evaluating risks and planning for information management and information system operations, by ensuring that the system and any exchange of information is protected, by maintaining the integrity of the system and the information stored in it, and by adhering to the requirements established in the contract and statement of work.

APPROVAL/DEMOTION		
1 C Inf		
1 System Information		
System Name:		
2 PIA Reviewer Approval/Promotion or D	emotion	
Promotion/Demotion:		
Comments:		
Approval/Demotion Point of Contact:		
Date:		
3 Senior Official for Privacy Approval/Pro	motion or Demotion	
Promotion/Demotion:		
Comments:		
A OPPING A OFFICE DATE OF		
4 OPDIV Senior Official for Privacy or De	9 11	
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:	
	<del></del>	
Name:		
Date:		
5 Department Approval to Publish to the Web		
Approved for web publishing		
Date Published:		
Publicly posted PIA URL or no PIA URL explanation:		

1	PIA Completion	
PIA P Comp	ercentage llete:	
PIA Missing Fields:		

PIA % COMPLETE