06.1 HHS Privacy Impact Assessment (Form) / NIH NCI Office of Advocacy Relations Database [System] (Item)		
-	Primavera ProSight	
Form Report, printed by: Hummel, Eric, <b>May 27, 2013</b>		
PIA SU	MMARY	
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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	

remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.
Summary of PIA Required Questions
*Is this a new PIA?
13 tills a new rin:
N o
No
If this is an existing PIA, please provide a reason for revision:
PIA Validation
*1. Date of this Submission:
Oct 22, 2012
*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):
09-25-0106
*5. OMB Information Collection Approval Number:

No		
*6. Other Identifying Number(s):		
NCI-64		
*7. System Name (Align with system item nam	ne):	
NIH NCI Office of Advocacy Relations (OAR)		
*9. System Point of Contact (POC). The System system and the responses to this PIA may be a	m POC is the person to whom questions about the addressed:	
Point of Contact Information POC Name	Nelya Gunina	
*10. Provide an overview of the system:		
NIH NCI Office of Advocacy Relations (OAR) maintains contact information for advocacy organizations and professional societies. The system also maintains information about individual advocates that serve the NCI through the Director's Consumer Liaison Group (DCLG) and the Consumer Advocates in Research and Related Activities (CARRA) program.		
*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.)		
Yes		
17a. Is this a GSS PIA included for C&A purpos	es 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.
1
*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):
Does not share outside the agency. Disclosures permitted in SOR 09-25-0106 are not made.
*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:
Legislative authority is 42 U.S.C. 203, 241, 289l-1 and 44 U.S.C. 3101), and Section 301 and 493 of the Public Health Service Act. Information is maintained for advocates that are members of the CARRA program include membership status (active or non-active), race/ethnicity/age/gender of member, occupation, highest educational degree earned, area of educational degree, primary/personal/constituency cancer type, location/race/ethnicity of constituency, activity preferences, computer skills, ability to travel, and skills/accomplishments/activities. Information is used only within the agency. Submission of information is voluntary.
*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.]):
Notification and consent in both cases is done via e-mail.
*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)
Yes
*54. Briefly describe in detail how the PII will be secured on the system using administrative, technical, and physical controls:

Information is secured using username/passwords, least privilege, separation of duties, an

Information is secured using username/passwords, least privilege, separation of duties, ar intrusion detection system, firewalls, locks, badge access, background investigations. A comprehensive IRT capability is also maintained.

#### PIA REQUIRED INFORMATION

## 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:	
Oct 22, 2012	
*2. OPDIV Name:	
NIH	
3. Unique Project Identifier (UPI) Number for curi System Inventory form, UPI table):	rent fiscal year (Data is auto-populated from the

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

number is required for Q.4):

09-25-0106	
*5. OMB Information Collection Approval Numbe	er:
No	
5a. OMB Collection Approval Number Expiration	Date:
I	I
*6. Other Identifying Number(s):	
o. Other identifying Number(s).	
NCI-64	
*7. System Name: (Align with system item name	e)
NIH NCI Office of Advocacy Relations (OAR)	
8. System Location: (OPDIV or contractor office	huilding room city and state)
p. System Location. (Of DIV of contractor office)	bunding, room, city, and state/
System Location:	
OPDIV or contractor office building	6116 Executive Blvd.
Room	Paglavilla
City State	Rockville MD
*9. System Point of Contact (POC). The System I system and the responses to this PIA may be ad	
system and the responses to this FIA may be ad	alessea.
Point of Contact Information	
POC Name	Nelya Gunina
l.	
The following information will not be made publi	icly available:
POC Title	IT Specialist (Sys
POC TITLE	IT Specialist (Sys Analysis) Program Manager
POC Organization	NIH/NCI/OD/CBIIT/IOB

POC Phone	301-594-0678
POC Email	guninan@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)

NIH NCI Office of Advocacy Relations (OAR) maintains contact information for advocacy organizations and professional societies. The system also maintains information about individual advocates that serve the NCI through the Director's Consumer Liaison Group (DCLG) and the Consumer Advocates in Research and Related Activities (CARRA) program.

# SYSTEM CHARACTERIZATION AND DATA CATEGORIZATION

1	System Characterization and Data Configuration
11. Does HHS own the system?	
Yes	ı
lies	
11a. If no, identify the system owner:	
12. Does HHS operate the system? (If the system should be No)	is operated at a contractor site, the answer
Yes	
12a. If no, identify the system operator:	
*13. Indicate if the system is new or an existing of	one being modified:
Existing	
14. Identify the life-cycle phase of this system:	
Operations/Maintenance	
15. Have any of the following major changes occusubmitted?	urred to the system since the PIA was last
No	
1	
Please indicate "Yes" or "No" for each	Vos/No
category below:	Yes/No
Conversions Appropriate Non	
Anonymous to Non- Anonymous	
Significant System	

Management	
Changes	
Significant Merging	
New Public Access	
<b>Commercial Sources</b>	
New Interagency	
Uses	
Internal 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?

Yes

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:	
<b>g</b>	Yes/No
Name (for purposes other than	Yes
contacting federal employees)	
Date of Birth	Yes
Social Security	No
Number (SSN)	
Photographic	No
Identifiers	
Driver's License	No
Biometric Identifiers	No
Mother's Maiden	No
Name	
Vehicle Identifiers	No
Personal Mailing	Yes

Address	
Personal Phone	Yes
Numbers	
Medical Records	No
Numbers	
Medical Notes	Yes
Financial Account	No
Information	
Certificates	No
Legal Documents	No
Device Identifiers	No
Web Uniform	Yes
Resource Locator(s)	
(URL)	
Personal Email	Yes
Address	
Education Records	No
Military Status	No
<b>Employment Status</b>	Yes
Foreign Activities	No
Other	Health Information

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 other is not applicable).

Categories:	
	Yes/No
Employees	No
Public Citizen	Yes
Patients	No
Business	Yes
partners/contacts	
(Federal, state, local	
agencies)	
Vendors/Suppliers/	No
Contractors	
Other	none

\*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	Yes
other than	
contacting federal	
employees)	
Date of Birth	Yes
SSN	No
Photographic	No
Identifiers	
Driver's License	No
<b>Biometric Identifiers</b>	No
Mother's Maiden	No
Name	
Vehicle Identifiers	No
Personal Mailing	Yes
Address	
Personal Phone	Yes
Numbers	
Medical Records	No
Numbers	
Medical Notes	Yes
Financial Account	No
Information	N.I.
Certificates	No
Legal Documents	No
Device Identifiers	No
Web URLs	Yes
Personal Email	Yes
Address	N o
Education Records	No
Military Status	No
Employment Status	No
Foreign Activities Other	No Health Information
Other	nealul IIIIOIIIIauoii

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

Yes
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\*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)

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

#### **INFORMATION SHARING PRACTICES**

# Information Sharing Practices

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

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	
<b>Biometric Identifiers</b>	
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):

Does not share outside the agency. Disclosures permitted in SOR 09-25-0106 are not made.

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?
No
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)?
hz
Yes
26. Are individuals notified how their PII is going to be used?
Yes
les
26a. If yes, please describe the process for allowing individuals to have a choice. If no, please
provide an explanation.
Individuals participate voluntarily.
27 Is there a complaint process in place for individuals who holiove their DII has been
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?
mapping in the interest of the
k.
Yes
27a. If yes, please describe briefly the notification process. If no, please provide an explanation.
This is done via a mail nor COD 00 25 0156
This is done via e-mail per SOR 09-25-0156
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
200 If was related describe briefly the review process. If we related provide an explanation
28a. If yes, please describe briefly the review process. If no, please provide an explanation.
Per SOR 09-25-0156
29. Are there rules of conduct in place for access to PII on the system?
23. Are there rules of conduct in place for access to FII off 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	View/Edit own records
Administrators	Yes	System maintainance/perf ormance
Developers	Yes	Maintenance/ updates/changes
Contractors	Yes	Primary POC is a contractor
Other	No	

\*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:

Legislative authority is 42 U.S.C. 203, 241, 289l-1 and 44 U.S.C. 3101), and Section 301 and 493 of the Public Health Service Act. Information is maintained for advocates that are members of the CARRA program include membership status (active or non-active), race/ethnicity/age/gender of member, occupation, highest educational degree earned, area of educational degree, primary/personal/constituency cancer type, location/race/ethnicity of constituency, activity preferences, computer skills, ability to travel, and skills/accomplishments/activities. Information is used only within the agency. Submission of information is voluntary.

\*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.])

Notification and consent in both cases is done via e-mail.

#### WEBSITE HOSTING PRACTICES

## **Website Hosting 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.		If the system hosts an Internet site, please enter the site URL. Do not enter any URL(s) for Intranet sites.
Internet	Yes	oar.nci.nih.gov
Intranet	Yes	
Both	Yes	

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?

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.).

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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?

Yes

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)?

Yes

6. Does the web	site employ tracking technolog	aies?	
	· · · · · · · · · · · · · · · · · · ·	,	
0			
	Please indicate	Yes/No/N/A	
	"Yes", "No", or	res/NO/N/A	
	"N/A" for each type		
	of cookie below:		
	Web Bugs		
	Web Beacons		
	Session Cookies		
	Persistent Cookies		
	Other		
)			
	re a unique privacy policy for t ess for obtaining parental cons		
ddress the proce		ent if any informa	
ddress the proce	Please indicate "Yes or "No" for each category below: Name (for purposes other than contacting federal employees) Date of Birth	ent if any informa	
ddress the proce	Please indicate "Yes or "No" for each category below: Name (for purposes other than contacting federal employees) Date of Birth	ent if any information.  Yes/No  Yes  Yes	

No

**Driver's License** 

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

39. Are rules of conduct in place for access to PII on the website?		
Yes		
40. Does the website contain links to sites external to HHS that owns and/or operates the system?		
No		
40a. If yes, note whether the system provides a disclaimer notice for users that follow external links to websites not owned or operated by HHS.		
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# ADMINISTRATIVE CONTROLS

## 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.

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):
Via account permissions.
*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:
Data retention and destruction for system follows established NIH guidelines.

1		Technical Controls	
51. Are technical controls dissemination of the data		he possibility of unautho	rized access, use, or
Nos			
Yes			
Pi	lease indicate "Yes"	,	
OI	r "No" for each	Yes/No	
	ategory below:		
U:	ser Identification	Yes	
Pa	asswords	Yes	
I ===	irewall	Yes	
Vi	irtual Private	Yes	
N	etwork (VPN)		
Eı	ncryption	No	
In	trusion Detection	Yes	
S	ystem (IDS)		
Co	ommon Access	No	
Ca	ards (CAC)		
Sı	mart Cards	No	
Bi	iometrics	No	
Pt	ublic Key	Yes	
In	frastructure (PKI)		
1			

TECHNICAL CONTROLS

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:
NIH maintains a comprehensive Incident Response Team (IRT) capability.

## PHYSICAL ACCESS

# Physical Access

53. Are physical access controls in place?

Yes

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

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

Information is secured using username/passwords, least privilege, separation of duties, an intrusion detection system, firewalls, locks, badge access, background investigations. A comprehensive IRT capability is also maintained.

APPROVAL/DEMOTION			
1	System Information		
lo			
System Name:	NIH NCI Office of Advocacy Relations (OAR)		
_			
2	PIA Reviewer Approval/Promotion or Demotion		
Promotion/Demotion:	Promote		
Comments:	IIF.		
Approval/Demotion Point of Contact:	Suzy Milliard		
Date:	Oct 22, 2012		
3	Senior Official for Privacy		
	Approval/Promotion or Demotion		
Promotion/Demotion:	Promote		
	romote		
Comments:			
comments.			
4	ODDIV Conion Official for Drive or or		
4	OPDIV Senior Official for Privacy or Designee Approval		
Please print the PIA and obtain the endo the signature has been collected, retain	orsement of the reviewing official below. Once		
Submitting the PIA will indicate the revi			
_			
This PIA has been reviewed and endorse	ed by the OPDIV Senior Official for Privacy or		
Designee (Name and Date):	,		
Name:	Date:		
Name:	Karen Plá		
Date:	Sep 28, 2012		
5	Department Approval to Publish to the		
	Web		
Annual de annual modello de an	Mag		
Approved for web publishing  Date Published:	Yes Sep 1, 2009		
Publicly posted PIA URL or no PIA URL	http://www.hhs.gov/pia/nih.html		

explanation:

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