| | Priv | vacy Im | pact As | sessm | ent | Form |
|----|---|---------------------------|--------------------------------------|--------------|------------|----------|
| | | | | | | v 1.47.4 |
| | Status Draft Form Numbe | r F-60486 | Form Date | 8/25/2016 12 | ::42:40 PM | |
| | Question | | Answer | | | - |
| 1 | OPDIV: | CDC | | | | |
| 2 | PIA Unique Identifier: | P-4347483-900389 | | | | |
| 2a | Name: | Childhood Blood L | ead Surveillance S | ystem (CBLS) | | |
| | | | al Support System Application | (GSS) | | |
| 3 | The subject of this PIA is which of the following? | | Application (stanc | l-alone) | | |
| 5 | The subject of this PIA is which of the following? | Minor Application (child) | | | | |
| | | C Electro | onic Information C | ollection | | |
| 2- | Identify the Enterprise Performance Lifecycle Phase | | | | | |
| 3a | of the system. | Operations and M | | | | |
| 3b | Is this a FISMA-Reportable system? | | YesNo | | | |
| 4 | Does the system include a Website or online application available to and for the use of the general public? | | ○ Yes● No | | | |
| 5 | Identify the operator. | | • Agency | | | |
| | | Contractor | | | | |
| | Point of Contact (POC): | POC Title | Business Owner | | | |
| | | POC Name | David Wright | | | |
| 6 | | POC Organization | NCEH | | | |
| | | POC Email | ybq2@cdc.gov | | | |
| | | POC Phone | 770-488-4715 | | ļ | |
| 7 | Is this a new or existing system? | | • New • Existing | | | |
| 8 | Does the system have Security Authorization (SA)? | | • Yes • No | | | |
| 8a | Date of Security Authorization | Jul 23, 2013 | | | | |

| 11 | Describe the purpose of the system. | Childhood Blood-Lead Poisoning Surveillance System (CBLS) is a surveillance and analysis system used to maintain and report on de-identified childhood blood lead surveillance data submitted to the CDC Childhood Lead Poisoning Prevention branch from state health departments across the United States. The purpose of the CBLS is to maintain and collect standardized data from childhood lead surveillance systems at the state and national levels and to use surveillance data to estimate the extent of elevated blood-lead levels among children, assess the follow-up of children with elevated blood- lead levels and composition and composition and collect |
|----|--|--|
| | | lead levels, examine potential sources of lead exposure, and help allocate resources for lead poisoning prevention activities. |
| 12 | Describe the type of information the system will collect, maintain (store), or share. (Subsequent questions will identify if this information is PII and ask about the specific data elements.) | Each State collects the information. The information is de- identified (Name, SSN, etc. removed) at the State level before it is released to the CDC. CBLS collects Date of Birth, County, City, State, ZIP Code, Race, |
| | | Gender and Date of Blood Test. |
| | Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily. | Childhood Blood-Lead Surveillance System (CBLS) is a surveillance and analysis system used to maintain and report on de-identified childhood blood lead surveillance data submitted to the CDC's Childhood Lead Poisoning Prevention branch from state health departments across the United States. Each participating state collects the information. The |
| 12 | | information is de-identified (Name, SSN, etc. removed) at the State level before it is released to the CDC. |
| 13 | | The purpose of the CBLS program is to maintain and collect standardized data from childhood lead surveillance systems at the state and national levels and to use surveillance data to estimate the extent of elevated blood-lead levels among children, assess the follow-up of children with elevated blood- lead levels, examine potential sources of lead exposure, and help allocate resources for lead poisoning prevention activities. CBLS collects Date of Birth, County, City, State, ZIP Code, Race, Gender and Date of Blood Test. |
| 14 | Does the system collect, maintain, use or share PII ? | Yes No |

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| 15 | Indicate the type of PII that the system will collect or maintain. | Social Security Number Name Driver's License Number Mother's Maiden Name E-Mail Address Phone Numbers Medical Notes Certificates Education Records Military Status Foreign Activities Taxpayer ID Race City, County, State, and Zip Construction Ethnicity Gender | Date of Birth Photographic Identifiers Biometric Identifiers Vehicle Identifiers Mailing Address Medical Records Number Financial Account Info Legal Documents Device Identifiers Employment Status Passport Number |
|-----|--|--|---|
| 16 | Indicate the categories of individuals about whom PII is collected, maintained or shared. | Employees Public Citizens Business Partners/Contacts Vendors/Suppliers/Contract Patients Other | (Federal, state, local agencies) tors |
| 17 | How many individuals' PII is in the system? | 1,000,000 or more | |
| 18 | For what primary purpose is the PII used? | The PII is primarily used for chil and analysis. | dhood blood lead surveillance |
| 19 | Describe the secondary uses for which the PII will be used (e.g. testing, training or research) | A secondary use for the PII is re | search and training. |
| 20 | Describe the function of the SSN. | N/A | |
| 20a | Cite the legal authority to use the SSN. | N/A | |
| 21 | Identify legal authorities governing information use and disclosure specific to the system and program. | Public Health Service Act, section 301, "Research and Investigation, " (42 U.S.C. 241); and Sections 304, 306, and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)). | |
| 22 | Are records on the system retrieved by one or more PII data elements? | ⊖ Ye ⊙ No | |

| | | Directly from an individual about whom the information pertains | | | |
|-----|--|--|--|--|--|
| | Identify the sources of PII in the system. | Information pertains | | | |
| | | Hard Copy: Mail/Fax | | | |
| | | Email | | | |
| | | Online | | | |
| | | Government Sources | | | |
| | | | | | |
| | | Within the OPDIV Other HHS OPDIV | | | |
| 23 | | State/Local/Tribal | | | |
| | | E Foreign | | | |
| | | Other Federal Entities | | | |
| | | Other | | | |
| | | Non-Government Sources | | | |
| | | Members of the Public | | | |
| | | Commercial Data Broker | | | |
| | | Public Media/Internet | | | |
| | | Private Sector | | | |
| | | Other | | | |
| 23a | Identify the OMB information collection approval number and expiration date. | | | | |
| 24 | Is the PII shared with other organizations? | ○ Yes | | | |
| 27 | | No | | | |
| | Describe the process in place to notify individuals that their personal information will be collected. If no prior notice is given, explain the reason. | There is no prior notice given by CDC because CDC does not collect the data directly from the individuals. Data is collected | | | |
| 25 | | and submitted to CDC by State and Local public health | | | |
| | | agencies. | | | |
| 26 | Is the submission of PII by individuals voluntary or mandatory? | ○ Voluntary | | | |
| | | Mandatory | | | |
| | Describe the method for individuals to opt-out of the collection or use of their PII. If there is no option to object to the information collection, provide a reason. | Individuals have no means of opt-out. in most jurisdictions | | | |
| | | where CBLS data is initially collected all blood lead test laboratory records must be reported to the state or local public | | | |
| 27 | | health authority. States remove major identifying information | | | |
| | | from patient records and submit to CDC for aggregation, | | | |
| | | analysis and reporting. | | | |
| | Describe the process to 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 original collection). Alternatively, describe | CDC does not have a process to notify and obtain consent from individuals in the event of a significant system change. | | | |
| | | The reason for this is that CDC is not provided names nor any | | | |
| | | contact information by the state/local public health authorities. | | | |
| | obtained. | | | | |
| | | It is not necessary to implement this process since the data | | | |
| 29 | individual's concerns when they believe their PII has been inappropriately obtained, used, or disclosed, or | received by CDC is not unique to the individual but is maintained in the aggregate. CDC is not provided names nor | | | |
| | that the PII is inaccurate. If no process exists, explain | any contact information by the state/local public health | | | |
| | why not. | authorities. | | | |

| 30 | Describe the process in place for periodic reviews of PII contained in the system to ensure the data's integrity, availability, accuracy and relevancy. If no processes are in place, explain why not. | System reviews are conducted quarterly to verify data integrity, accuracy, and relevancy. | | |
|----|---|---|---|--|
| | Identify who will have access to the PII in the system and the reason why they require access. | Users | | |
| | | Administrators | Full access for data management and maintenance | |
| 31 | | Developers | | |
| | | | | |
| | | Others | | |
| 32 | Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII. | Role based access controls are used so that that only system administrators may access individual record level PII. | | |
| 33 | Describe the methods in place to allow those with access to PII to only access the minimum amount of information necessary to perform their job. | Least privilege methods are employed to ensure access is limited to only what is required to perform job responsibilities. | | |
| 34 | Identify training and awareness provided to personnel (system owners, managers, operators, contractors and/or program managers) using the system to make them aware of their responsibilities for protecting the information being collected and maintained. | All system administrators must undergo annual Security and Privacy Awareness training (SAT). | | |
| 35 | Describe training system users receive (above and beyond general security and privacy awareness training). | All system administrators have extensive training and experience maintaining database management systems and best practices related to public health surveillance and reporting systems. | | |
| 36 | Do contracts include Federal Acquisition Regulation and other appropriate clauses ensuring adherence to privacy provisions and practices? | ○ Yes● No | | |
| 37 | Describe the process and guidelines in place with regard to the retention and destruction of PII. Cite specific records retention schedules. | Records are retained and disposed of in accordance with the CDC Records Control Schedule N1-442-09-1, item 1 (). Record copy of study reports are maintained in agency from two to three years in accordance with retention schedules. Source documents for computer are disposed of when no longer needed by program officials. Personal identifiers may be deleted from records when no longer needed in the study as determined by the system manager, and as provided in the signed consent form, as appropriate. Disposal methods include erasing computer tapes, burning or shredding paper materials or transferring records to the Federal Records Center when no longer needed for evaluation and analysis. Records are retained for 20 years; for longer periods if further study is needed. | | |

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| Describe, briefly but with specificity, how the PII will 38 be secured in the system using administrative, technical, and physical controls. | Administrative: The HHS Rules of Behavior govern the data protection, integrity and general use of the system and data rights. Only users with proper access privileges (CDC/NCEH/ LPPB staff) have active directory rights to access the network and only approved individuals (Data manager, data stewards, and system users) have privileges to access data directly. CDC approved User ID's and passwords are used to access the system. Technical: Active Directory, Windows Authentication, Audit Logs | | | |
|--|---|--|--|--|
| | Physical: Production and test servers are stored in a server room secured by the CDC. Access tools are in place to secure entry into CDC buildings (Guards, ID Badges, Key Card, and Closed Circuit TV). | | | |
| General Comments | | | | |
| OPDIV Senior Official for Privacy Signature | | | | |

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