Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
202-343-1717, pia@hq.dhs.gov
www.dhs.gov/privacy

ILEPRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.

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Privacy Threshold Analysis (PTA)

Specialized Template for
Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	USCGA-AIM3

Form Title:	Academy Introduction Mission (AIM) Medical Release Form

Component:	U.S. Coast Guard (USCG)	Office:	USCGA Admissions

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	United States Coast Guard Academy Introduction Mission Program Application and Supplemental Forms		
OMB Control Number:	1625-0121	OMB Expiration Date:	February 28, 2018
Collection status:	New Collection	Date of last PTA (if applicable):	N/A

PROJECT OR PROGRAM MANAGER

Name:	LT Alexander Eames		
Office:	USCGA Admissions	Title:	Campus Programs Manager
Phone:	860-701-6395	Email:	Alexander.g.eames@uscga.edu

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Anthony Smith		
Office:	CG-612	Title:	PRA Coordinator
Phone:	202-475-3532	Email:	Anthony.D.Smith@uscg.mil

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SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form
The purpose of this form is for students accepted to and attending the summer AIM program the ability to receive medical clearance from their primary care physician and for parents to release liability for personal injury while their son or daughter attends the AIM program.

This information is used to obtain medical clearance from their primary care physician and for parents to release liability for personal injury while their son or daughter attends the US Coast Guard Academy for the week long AIM program, a one-week summer orientation which allows select rising high school seniors to experience cadet life at the USCGA and is designed to recruit the future Officers of the US Coast Guard.

The authority to operate the United States Coast Guard Academy (USCGA) is contained in 14 USC 181. The regulation and administration of the USCGA is the responsibility of the Superintendent, subject to the direction of the Commandant of the Coast Guard under the general supervision of the Secretary of Homeland Security. One of the Superintendent's responsibilities is to ensure that eligible individuals from the public at large have every opportunity to visit and learn about the USCGA.

2. Describe the IC/Form	
a. Does this form collect any Personally Identifiable Information" (PII[1])?	X Yes ☐ No

b. From which type(s) of individuals does this form collect information? (*Check all that apply*.)	X Members of the public
	    X U.S. citizens or lawful permanent residents
	    X Non-U.S. Persons.
	☐ DHS Employees
	☐ DHS Contractors
	☐ Other federal employees or contractors.

c. Who will complete and submit this form? (*Check all that apply*.)	X The record subject of the form (e.g., the individual applicant).

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[1] Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.

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	☐ Legal Representative (preparer, attorney, etc.). ☐ Business entity. If a business entity, is the only information collected business contact information? ☐ Yes ☐ No ☐ Law enforcement. ☐ DHS employee or contractor. X Other individual/entity/organization **that is NOT the record subject**. *Please describe.* Parent and examiner.
d. How do individuals complete the form? *Check all that apply.*	X Paper. X Electronic. (ex: fillable PDF) ☐ Online web form. (available and submitted via the internet) *Provide link:*

e. What information will DHS collect on the form?
Student: Name, date of birth, and medical history. Parent/Legal Guardian: Name, address, telephone number and email address. Examiner: Name, title, address, telephone number, and fax number.

f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? No.

☐ Social Security number	☐ DHS Electronic Data Interchange Personal Identifier (EDIPI)
☐ Alien Number (A-Number)	
☐ Tax Identification Number	☐ Social Media Handle/ID
☐ Visa Number	☐ Known Traveler Number
☐ Passport Number	☐ Trusted Traveler Number (Global Entry, Pre-Check, etc.)
☐ Bank Account, Credit Card, or other financial account number	☐ Driver's License Number
X Other. *Please list:* Medical history of the student.	☐ Biometrics

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g. List the ***specific authority*** to collect SSN or these other SPII elements.	
USCG has the authority to collect this information in order to administer the Coast Guard Academy under 14 U.S.C § § 181-200.	
h. How will this information be used? What is the purpose of the collection? Describe ***why*** this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.	
Applicant information is used to filter and select appropriate candidates for admission to the CGA. Medical information is needed to evaluate their ability to meet the strict standards for admission.	
i. Are individuals provided notice at the time of collection by DHS (*Does the records subject have notice of the collection or is form filled out by third party*)?	X Yes. Please describe how notice is provided. Privacy Act statement on the form. ☐ No.

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	☐ Paper. Please describe. Click here to enter text. X Electronic. Please describe the IT system that will store the data from the form. Academy Information System (ACADIS) secure unclassified .edu network X Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. ACADIS secure unclassified .edu network
b. If electronic, how does DHS input the responses into the IT system?	X Manually (data elements manually entered). Please describe. Data from the application will be reviewed by USCGA personnel. ☐ Automatically. Please describe.

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		Click here to enter text.
c.	How would a user search the information submitted on the forms, *i.e.*, how is the information retrieved?	X By a unique identifier.[2] *Please describe*. If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Name ☐ By a non-personal identifier. *Please describe.*
d.	What is the records retention schedule(s)? *Include the records schedule number.*	Records are destroyed immediately following the conclusion of the program.
e.	How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	Program manager personally destroys the record by USCG approved means after use.

f.	Is any of this information shared outside of the original program/office? *If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?*

☐ Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text.

X   Yes, information is shared *external* to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe.
   Information would be shared with emergency medical personnel and screened medical contractors if a student is injured.

☐   No. Information on this form is not shared outside of the collecting office.

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[2] Generally, a unique identifier is considered any type of "personally identifiable information," meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.

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STOP

Please include <u>a copy of the referenced form and Privacy Act Statement</u> (if applicable) with this PTA upon submission.

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PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Robert Herrick
Date submitted to component Privacy Office:	June 20, 2017
Date submitted to DHS Privacy Office:	June 27, 2017
Have you approved a Privacy Act Statement for this form? (*Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.*)	X Yes. Please include it with this PTA submission. USCG Privacy will work with the program to update the PAS with SORNs authorized for this collection. ☐ No. Please describe why not. Click here to enter text.

Component Privacy Office Recommendation:

Academy Introduction Mission (AIM) Medical Release Form gives students accepted to and attending the summer AIM program the ability to receive medical clearance from their primary care physician and for parents to release liability for personal injury while their son or daughter attends the AIM program.

The AIM Medical Release Form collects name, date of birth, and medical history from the student and name, address, telephone number and email address from the Parent/Legal Guardian. The form also collects the name, title, address, telephone number, and fax number from the Examiner.

DHS/USCG/PIA-013, DHS/ALL/PIA-006, DHS/USCG-014 and DHS/USCG-027 provide coverage for this collection.

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PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	**Riley Dean**
PCTS Workflow Number:	**1145858**
Date approved by DHS Privacy Office:	July 19, 2017
PTA Expiration Date	July 19, 2020

DESIGNATION

Privacy Sensitive IC or Form:	**Yes If "no" PTA adjudication is complete.**
Determination:	☐ PTA sufficient at this time. ☐ Privacy compliance documentation determination in progress. ☐ New information sharing arrangement is required. ☐ DHS Policy for Computer-Readable Extracts Containing SPII applies. X Privacy Act Statement required. X Privacy Impact Assessment (PIA) required. X System of Records Notice (SORN) required. ☐ Specialized training required. ☐ Other. Click here to enter text.
DHS IC/Forms Review:	Choose an item.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	**e(3) statement update is required.** The DHS Privacy Office worked with USCG to complete an updated Privacy Notice concurrently with this PTA submission.
PTA:	Choose an item. Click here to enter text.
PIA:	**System covered by existing PIA**

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	If covered by existing PIA, please list: DHS/USCG/PIA-013 Academy Information System
	DHS/ALL/PIA-006 DHS General Contacts List
	If a PIA update is required, please list: Click here to enter text.
SORN:	**System covered by existing SORN**
	If covered by existing SORN, please list: DHS/USCG-027 Recruiting Files, August 10, 2011 76 FR 49494
	DHS/USCG-014 Military Pay and Personnel, October 28, 2011 76 FR 66933
	If a SORN update is required, please list: Click here to enter text.

DHS Privacy Office Comments:
Please describe rationale for privacy compliance determination above.

USCG is submitting this PTA to discuss Form USCGA-AIM3, Academy Introduction Mission (AIM) Medical Release Form, which is part of OMB control number 1625-0121. This information gathered from this form is used to obtain medical clearance from primary care physician and for parents to release liability for personal injury while their son or daughter attends the U.S. Coast Guard Academy for the Academy Introduction Mission (AIM) program, a one-week summer orientation which allows select rising high school seniors to experience cadet life at the academy and is designed to recruit the future officers of the U.S. Coast Guard. The form gives students accepted to and attending the summer AIM program the ability to receive medical clearance/care.

The form collects the student's name, gender, date of birth, and medical history/information. It also collects parent/legal guardian's name, address, telephone number, and email address. The following information is collected from physician/examiner: name, title, address, telephone number, and fax number. The information from the form is stored in the Academy Information System (ACADIS), and retrieved by the student's name. This information may be shared with emergency medical personnel and screened medical contractors if a student is injured during their time at the AIM program. All information is destroyed immediately following the conclusion of the summer program.

The DHS Privacy Office finds that PIA and SORN coverage are required for this information collection.

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PIA coverage for the information about the student is provided by DHS/USCG/PIA-013 Academy Information System (AIS), which describes the Academy information system (ACADIS) transactional database system that provides an information resource for the management of the academy educational environment, including the training and development of all future Coast Guard officers. PIA coverage for the collection of information about the parents of the student and the physician/examiner is provided by DHS/ALL/PIA-006 DHS General Contacts List, which outlines risks of DHS operations/projects that collect a minimal amount of contact information in order to perform various administrative tasks.

SORN coverage is provided by DHS/USCG-014 Military Pay and Personnel and DHS/USCG-027 Recruiting Files.

The DHS Privacy Office is working with USCG to complete an updated Privacy Notice concurrently with this PTA submission.