



## 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](mailto: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.



## 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



## 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 <sup>1</sup> )?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	<input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input checked="" type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DHS Employees <input type="checkbox"/> DHS Contractors <input type="checkbox"/> Other federal employees or contractors.
c. Who will complete and submit this form? (Check all that apply.)	<input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant).

<sup>1</sup> 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.



	<input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity. If a business entity, is the only information collected business contact information? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement. <input type="checkbox"/> DHS employee or contractor. <input checked="" type="checkbox"/> Other individual/entity/organization <b>that is NOT the record subject.</b> <i>Please describe.</i> Parent and examiner.														
d. How do individuals complete the form? <i>Check all that apply.</i>	<input checked="" type="checkbox"/> Paper. <input checked="" type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i>														
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.															
<table border="0"> <tr> <td><input type="checkbox"/> Social Security number</td> <td><input type="checkbox"/> DHS Electronic Data Interchange</td> </tr> <tr> <td><input type="checkbox"/> Alien Number (A-Number)</td> <td>Personal Identifier (EDIPI)</td> </tr> <tr> <td><input type="checkbox"/> Tax Identification Number</td> <td><input type="checkbox"/> Social Media Handle/ID</td> </tr> <tr> <td><input type="checkbox"/> Visa Number</td> <td><input type="checkbox"/> Known Traveler Number</td> </tr> <tr> <td><input type="checkbox"/> Passport Number</td> <td><input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Bank Account, Credit Card, or other financial account number</td> <td><input type="checkbox"/> Driver's License Number</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other. <i>Please list:</i> Medical history of the student.</td> <td><input type="checkbox"/> Biometrics</td> </tr> </table>		<input type="checkbox"/> Social Security number	<input type="checkbox"/> DHS Electronic Data Interchange	<input type="checkbox"/> Alien Number (A-Number)	Personal Identifier (EDIPI)	<input type="checkbox"/> Tax Identification Number	<input type="checkbox"/> Social Media Handle/ID	<input type="checkbox"/> Visa Number	<input type="checkbox"/> Known Traveler Number	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)	<input type="checkbox"/> Bank Account, Credit Card, or other financial account number	<input type="checkbox"/> Driver's License Number	<input checked="" type="checkbox"/> Other. <i>Please list:</i> Medical history of the student.	<input type="checkbox"/> Biometrics
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g. List the <b>specific authority</b> 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 <b>why</b> 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 ( <i>Does the records subject have notice of the collection or is form filled out by third party</i> )?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. Privacy Act statement on the form. <input type="checkbox"/> No.

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input type="checkbox"/> Paper. Please describe. Click here to enter text. <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Academy Information System (ACADIS) secure unclassified .edu network <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. Data from the application will be reviewed by USCGA personnel.  <input type="checkbox"/> Automatically. Please describe.



	Click here to enter text.
c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the information retrieved?	<input checked="" type="checkbox"/> By a unique identifier. <sup>2</sup> <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Name <input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i>
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	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? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i>	
<input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text.  <input checked="" type="checkbox"/> Yes, information is shared <i>external</i> 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.  <input type="checkbox"/> No. Information on this form is not shared outside of the collecting office.	

<sup>2</sup> 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.



**Homeland  
Security**

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



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



## 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? <i>(Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.)</i>	<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No. Please describe why not. <a href="#">Click here to enter text.</a>
Component Privacy Office Recommendation:	
<p>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.</p> <p>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.</p> <p>DHS/USCG/PIA-013, DHS/ALL/PIA-006, DHS/USCG-014 and DHS/USCG-027 provide coverage for this collection.</p>	





## PRIVACY THRESHOLD ADJUDICATION

**(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)**

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

### DESIGNATION

Privacy Sensitive IC or Form:	<b>Yes If "no" PTA adjudication is complete.</b>
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> 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:	<b>e(3) statement update is required.</b> 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:	<b>System covered by existing PIA</b>



	<p>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: <a href="#">Click here to enter text.</a></p>
<p>SORN:</p>	<p><b>System covered by existing SORN</b> 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: <a href="#">Click here to enter text.</a></p>
<p>DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i></p>	
<p><b>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.</b></p> <p><b>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.</b></p> <p><b>The DHS Privacy Office finds that PIA and SORN coverage are required for this information collection.</b></p>	



**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.**