

**Attachment 5b**

**Privacy Impact Assessment Approval: Research  
Support Services (RSS)**



# Privacy Impact Assessment Form

v 1.45

Status  Form Number  Form Date

Question Answer

1 OPDIV:

2 PIA Unique Identifier:

2a Name:

3 The subject of this PIA is which of the following?  
 General Support System (GSS)  
 Major Application  
 Minor Application (stand-alone)  
 Minor Application (child)  
 Electronic Information Collection  
 Unknown

3a Identify the Enterprise Performance Lifecycle Phase of the system.

3b Is this a FISMA-Reportable system?  Yes  No

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

6 Point of Contact (POC):  
POC Title   
POC Name   
POC Organization   
POC Email   
POC Phone

7 Is this a new or existing system?  New  Existing

8 Does the system have Security Authorization (SA)?  Yes  No

8b Planned Date of Security Authorization   
 Not Applicable

<p>11 Describe the purpose of the system.</p>	<p>The Pulse system is being designed to conduct qualitative research with most at risk HIV-negative Men who have Sex with Men (MSM).</p>																												
<p>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.)</p>	<p>The individuals' date of birth and HIV status will be requested to determine eligibility, however it will not be recorded. If the individual is eligible, then their name, email, and phone number will be collected so the researchers can schedule an in person interview with the individual. The contact information data will be stored in paper form only and will not be included as part of the data sent for analysis.</p> <p>A Rules of Behavior (ROB) has been created specifically to ensure the proper handling of the PII during collection, storage, and destruction. This ROB must be signed by each individual with access to the PII. A separate PII Collection and Destruction Record has also been created to record the number assigned to the PII record, when the PII was collected, what specifically was collected, and the date of destruction of the PII record.</p>																												
<p>13 Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.</p>	<p>There are four goals to the project:          1. Understand issues surrounding HIV risk for MSM          2. Learn more about how gay community or peer norms and</p>																												
<p>14 Does the system collect, maintain, use or share PII?</p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No</p>																												
<p>15 Indicate the type of PII that the system will collect or maintain.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Social Security Number</td> <td><input type="checkbox"/> Date of Birth</td> </tr> <tr> <td><input checked="" type="checkbox"/> Name</td> <td><input type="checkbox"/> Photographic Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Driver's License Number</td> <td><input type="checkbox"/> Biometric Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Mother's Maiden Name</td> <td><input type="checkbox"/> Vehicle Identifiers</td> </tr> <tr> <td><input checked="" type="checkbox"/> E-Mail Address</td> <td><input type="checkbox"/> Mailing Address</td> </tr> <tr> <td><input checked="" type="checkbox"/> Phone Numbers</td> <td><input type="checkbox"/> Medical Records Number</td> </tr> <tr> <td><input type="checkbox"/> Medical Notes</td> <td><input type="checkbox"/> Financial Account Info</td> </tr> <tr> <td><input type="checkbox"/> Certificates</td> <td><input type="checkbox"/> Legal Documents</td> </tr> <tr> <td><input type="checkbox"/> Education Records</td> <td><input type="checkbox"/> Device Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Military Status</td> <td><input type="checkbox"/> Employment Status</td> </tr> <tr> <td><input type="checkbox"/> Foreign Activities</td> <td><input type="checkbox"/> Passport Number</td> </tr> <tr> <td><input type="checkbox"/> Taxpayer ID</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Date of Birth	<input checked="" type="checkbox"/> Name	<input type="checkbox"/> Photographic Identifiers	<input type="checkbox"/> Driver's License Number	<input type="checkbox"/> Biometric Identifiers	<input type="checkbox"/> Mother's Maiden Name	<input type="checkbox"/> Vehicle Identifiers	<input checked="" type="checkbox"/> E-Mail Address	<input type="checkbox"/> Mailing Address	<input checked="" type="checkbox"/> Phone Numbers	<input type="checkbox"/> Medical Records Number	<input type="checkbox"/> Medical Notes	<input type="checkbox"/> Financial Account Info	<input type="checkbox"/> Certificates	<input type="checkbox"/> Legal Documents	<input type="checkbox"/> Education Records	<input type="checkbox"/> Device Identifiers	<input type="checkbox"/> Military Status	<input type="checkbox"/> Employment Status	<input type="checkbox"/> Foreign Activities	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Taxpayer ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>																												
<p>16 Indicate the categories of individuals about whom PII is collected, maintained or shared.</p>	<p><input type="checkbox"/> Employees  <input checked="" type="checkbox"/> Public Citizens  <input type="checkbox"/> Business Partners/Contacts (Federal, state, local agencies)  <input type="checkbox"/> Vendors/Suppliers/Contractors  <input type="checkbox"/> Patients          Other <input type="text"/></p>																												

17	How many individuals' PII is in the system?	100-499
18	For what primary purpose is the PII used?	To determine eligibility and schedule interviews
19	Describe the secondary uses for which the PII will be used (e.g. testing, training or research)	None
20	Describe the function of the SSN.	N/A
20a	Cite the <b>legal authority</b> to use the SSN.	N/A
21	Identify <b>legal authorities</b> governing information use and disclosure specific to the system and program.	Public Health Service Act
22	Are records on the system retrieved by one or more PII data elements?	<input type="radio"/> Yes <input checked="" type="radio"/> No
22a	Identify the number and title of the Privacy Act System of Records Notice (SORN) that is being used to cover the system or identify if a SORN is being developed.	Published: <input type="text"/> Published: <input type="text"/> Published: <input type="text"/> <input type="checkbox"/> In Progress
23	Identify the sources of PII in the system.	<p>Directly from an individual about whom the information pertains</p> <p><input checked="" type="checkbox"/> In-Person  <input type="checkbox"/> Hard Copy: Mail/Fax  <input type="checkbox"/> Email  <input type="checkbox"/> Online  <input type="checkbox"/> Other</p> <p>Government Sources</p> <p><input type="checkbox"/> Within the OPDIV  <input type="checkbox"/> Other HHS OPDIV  <input type="checkbox"/> State/Local/Tribal  <input type="checkbox"/> Foreign  <input type="checkbox"/> Other Federal Entities  <input type="checkbox"/> Other</p> <p>Non-Government Sources</p> <p><input type="checkbox"/> Members of the Public  <input type="checkbox"/> Commercial Data Broker  <input type="checkbox"/> Public Media/Internet  <input type="checkbox"/> Private Sector  <input type="checkbox"/> Other</p>
23a	Identify the OMB information collection approval number and expiration date.	OMB ICR pending approval
24	Is the PII shared with other organizations?	<input type="radio"/> Yes <input checked="" type="radio"/> No

24a Identify with whom the PII is shared or disclosed and for what purpose.	<input type="checkbox"/> Within HHS <input type="checkbox"/> Other Federal Agency/Agencies <input type="checkbox"/> State or Local Agency/Agencies <input type="checkbox"/> Private Sector
24b Describe any agreements in place that authorizes the information sharing or disclosure (e.g. Computer Matching Agreement, Memorandum of Understanding (MOU), or Information Sharing Agreement (ISA)).	
24c Describe the procedures for accounting for disclosures	
25 Describe the process in place to notify individuals that their personal information will be collected. If no prior notice is given, explain the reason.	Individuals are asked for their date of birth and HIV status to see if they qualify for the study. This information is not recorded. If they qualify, the researcher will ask for their name, email and phone number in order to set up an interview with them. This information will be kept in paper form only.
26 Is the submission of PII by individuals voluntary or mandatory?	<input checked="" type="radio"/> Voluntary <input type="radio"/> Mandatory
27 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 can decide not to provide their contact information by declining to do so.
28 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 why they cannot be notified or have their consent obtained.	The PII will be collected in Paper form only and will only be used to contact the participating individuals to set up their interview. There will be no "major changes" to the paper form
29 Describe the process in place to resolve an individual's concerns when they believe their PII has been inappropriately obtained, used, or disclosed, or that the PII is inaccurate. If no process exists, explain why not.	A consent form will be used during the recruitment of any study individual, if the individual signs the consent form, there are provisions in the form with contact name and information for the principal investigator for people to contact if they have any concerns.
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.	The PII will be collected in Paper form only and will only be used to contact the participating individuals to set up their interview. The interviewers will be able to tell if the information has changed if they are unable to reach the individual with any of the contact information provided.

31 Identify who will have access to the PII in the system and the reason why they require access.	<input type="checkbox"/> Users	
	<input type="checkbox"/> Administrators	
	<input type="checkbox"/> Developers	
	<input checked="" type="checkbox"/> Contractors	to contact the participating individuals to set up their interview.
	<input type="checkbox"/> Others	

32 Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.	Only the RSS and Emory Researchers who are scheduling and performing the interviews will have access to the PII. Each of these individuals will be required to read and sign the Pulse ROB and use the accompanying PII Collection and Destruction Record. No other individuals will have access.
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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.	Role Based. The Researchers with access to the PII will be required to read and sign the Pulse ROB and use the accompanying PII Collection and Destruction Record. The PII will be collected in Paper form only and will only be used to contact the participating individuals to set up their interview.
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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 users complete the CDC Annual Security Awareness Training.
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35 Describe training system users receive (above and beyond general security and privacy awareness training).	<p>Project analysts and research personnel annually complete the FISMA-compliant, Federal information system security awareness training provided online by Department of Defense at <a href="http://iase.disa.mil/eta/iss_icv5/">http://iase.disa.mil/eta/iss_icv5/</a>.</p> <p>Training in person will focus on ensuring that all interviewers utilize the same procedures, administer the instrument consistently following a standardized protocol, probe exhaustively, keep the thread of the conversation focused, and protect personally identifiable information (PII). Training will continue during the field period for quality assurance both individually and in group sessions as needed.</p> <p>All team members actively involved in research gathering activities have completed Collaborative Institutional Training Initiative (CITI) training.</p> <p>The Researchers with access to the PII will be required to read and sign the Pulse ROB and use the accompanying PII Collection and Destruction Record.</p>
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36 Do contracts include Federal Acquisition Regulation and other appropriate clauses ensuring adherence to privacy provisions and practices?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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37 Describe the process and guidelines in place with regard to the retention and destruction of PII. Cite specific records retention schedules.	A Rules of Behavior (ROB) has been created and each Researcher is required to read and sign the ROB. The ROB details the specific requirements for collection, storage, and destruction of the paper PII. The PII will be retained only for as long as it takes to schedule and conduct the interviews, approximately 30 days to a maximum of 4 months.	
38 Describe, briefly but with specificity, how the PII will be secured in the system using administrative, technical, and physical controls.	PII is kept in paper form only and is not entered as part of any system data. Paper is locked up in cabinets, desks, or offices, at the end of the day or when not in use. PII is transported in locked briefcases. PII will only be used to set up initial and any follow-on interviews. The Researchers with access to the PII will be required to read and sign the Pulse ROB and use the accompanying PII Collection and Destruction Record.  Encrypted devices and methods for transport and transmission will be used.	
<b>REVIEWER QUESTIONS:</b> The following section contains Reviewer Questions which are not to be filled out unless the user is an OPDIV Senior Officer for Privacy.		
Reviewer Questions		Answer
1	Are the questions on the PIA answered correctly, accurately, and completely?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
2	Does the PIA appropriately communicate the purpose of PII in the system and is the purpose justified by appropriate legal authorities?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
3	Do system owners demonstrate appropriate understanding of the impact of the PII in the system and provide sufficient oversight to employees and contractors?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
4	Does the PIA appropriately describe the PII quality and integrity of the data?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
5	Is this a candidate for PII minimization?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
6	Does the PIA accurately identify data retention procedures and records retention schedules?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	



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Reviewer Questions		Answer
7	Are the individuals whose PII is in the system provided appropriate participation?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
8	Does the PIA raise any concerns about the security of the PII?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
9	Is applicability of the Privacy Act captured correctly and is a SORN published or does it need to be?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
10	Is the PII appropriately limited for use internally and with third parties?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
11	Does the PIA demonstrate compliance with all Web privacy requirements?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
12	Were any changes made to the system because of the completion of this PIA?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
General Comments	<input type="text"/>	

OPDIV Senior Official for Privacy Signature	<b>Beverly E. Walker -S</b>	Digitally signed by Beverly E. Walker -S DN: c=US, o=U.S. Government, ou=HHS, ou=CDC, ou=People, 0.9.2342.19200300.100.1.1=100144034 3, cn=Beverly E. Walker -S Date: 2015.07.08 12:36:11 -04'00'	HHS Senior Agency Official for Privacy	<input type="text"/>
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## Authorization to Operate (ATO)

**Date:** 8/4/2015

**System name:** Pulse

**System acronym:** Pulse

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**System Business Steward:**

I verify that the system specified meets all requirements for operation.

**Linda J. Koenig -S**

Digitally signed by Linda J. Koenig -S  
DN: c=US, o=U.S. Government, ou=HHS, ou=CDC,  
ou=People, 0.9.2342.19200300.100.1.1=1000755055,  
cn=Linda J. Koenig -S  
Date: 2015.08.04 09:27:02 -04'00'

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System Business Steward Signature and Date

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**Certification Agent:**

I certify that the system specified meets all security requirements and recommend:

1.  Authorization to operate until 8/23/2018.
2.  Denial of operation authorization (if denied, see below for further comments).

**Ralph Vaughn -S**

Digitally signed by Ralph Vaughn -S  
DN: c=US, o=U.S. Government, ou=HHS, ou=CDC,  
ou=People, cn=Ralph Vaughn -S,  
0.9.2342.19200300.100.1.1=1001211120  
Date: 2015.08.24 15:37:49 -04'00'

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Certification Agent Signature and Date

**Comments:**

