

Attachment 5a

Privacy Impact Assessment Approval: Atlas

Privacy Impact Assessment Form

v 1.45

Status

Form Number

Form Date

Question	Answer
1 OPDIV:	<input type="text" value="CDC"/>
2 PIA Unique Identifier:	<input type="text" value="P-6523224-080688"/>
2a Name:	<input type="text" value="Local Effectiveness Assessment Project (LEAP)"/>
3 The subject of this PIA is which of the following?	<input type="radio"/> General Support System (GSS) <input type="radio"/> Major Application <input type="radio"/> Minor Application (stand-alone) <input checked="" type="radio"/> Minor Application (child) <input type="radio"/> Electronic Information Collection <input type="radio"/> Unknown
3a Identify the Enterprise Performance Lifecycle Phase of the system.	<input type="text" value="Implementation"/>
3b Is this a FISMA-Reportable system?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4 Does the system include a Website or online application available to and for the use of the general public?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5 Identify the operator.	<input checked="" type="radio"/> Agency <input type="radio"/> Contractor
6 Point of Contact (POC):	POC Title <input type="text" value="IT Specialist"/> POC Name <input type="text" value="William Dolan"/> POC Organization <input type="text" value="NCHHSTP/OD"/> POC Email <input type="text" value="wdolan@cdc.gov"/> POC Phone <input type="text" value="404.639.6233"/>
7 Is this a new or existing system?	<input checked="" type="radio"/> New <input type="radio"/> Existing
8 Does the system have Security Authorization (SA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8b Planned Date of Security Authorization	<input type="text" value="August 1, 2015"/> <input type="checkbox"/> Not Applicable

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11 Describe the purpose of the system.

The purpose of this project is to perform an in-depth and detailed current situational analysis of factors that influence success and unmet needs for improving HIV prevention among Men Who Have Sex with Men (MSM) in the Philadelphia, PA Metropolitan Statistical Area. The primary aim is to understand what is and is not working and what can be done to improve the response to local HIV epidemics among MSM.

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.)

The project will collect name, email, phone number, and place of employment (Government funded site, Health Department, CBO, etc.) of the providers to enable them to set up interviews. Information is kept in paper form only, is not entered as part of any system data. Paper is securely stored at the end of the day or when not in use. PII will only be used to set up initial and any follow-on interviews.

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.

13 Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.

This project will conduct Key Participant Interviews (KPIs) with 30 individuals from the Philadelphia, PA Metropolitan Statistical Area, including HIV and STD control program staff.

14 Does the system collect, maintain, use or share PII?

Yes

No

15 Indicate the type of PII that the system will collect or maintain.

- | | |
|--|---|
| <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"/> |

16	Indicate the categories of individuals about whom PII is collected, maintained or shared.	<input type="checkbox"/> Employees <input type="checkbox"/> Public Citizens <input checked="" type="checkbox"/> Business Partners/Contacts (Federal, state, local agencies) <input type="checkbox"/> Vendors/Suppliers/Contractors <input type="checkbox"/> Patients Other <input type="text"/>
17	How many individuals' PII is in the system?	<input type="text" value="<100"/>
18	For what primary purpose is the PII used?	<input type="text" value="PII will only be used to set up initial and any follow-on interviews."/>
19	Describe the secondary uses for which the PII will be used (e.g. testing, training or research)	<input type="text" value="N/A"/>
20	Describe the function of the SSN.	<input type="text" value="N/A"/>
20a	Cite the legal authority to use the SSN.	<input type="text" value="N/A"/>
21	Identify legal authorities governing information use and disclosure specific to the system and program.	<input type="text" value="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

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23	Identify the sources of PII in the system.	Directly from an individual about whom the information pertains	
		<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
		Government Sources	
		<input type="checkbox"/>	Within the OPDIV
		<input type="checkbox"/>	Other HHS OPDIV
		<input checked="" type="checkbox"/>	State/Local/Tribal
		<input type="checkbox"/>	Foreign
		<input type="checkbox"/>	Other Federal Entities
		<input type="checkbox"/>	Other
		Non-Government Sources	
<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		

23a	Identify the OMB information collection approval number and expiration date.	OMB ICR pending approval
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24	Is the PII shared with other organizations?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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
		<input type="checkbox"/>

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)).	
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24c	Describe the procedures for accounting for disclosures	
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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 screened to see if they are residents of Philadelphia to qualify for the study. If qualified, the researcher will ask for their contact information in order to set up an interview with them. This information will be kept in paper form only.
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26	Is the submission of PII by individuals voluntary or mandatory?	<input checked="" type="radio"/> Voluntary <input type="radio"/> Mandatory
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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.	Contractor will be including a disclaimer on all recruitment material and initial contact script explaining how PII will be used and who people can contact with questions or 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.	<table border="1"> <tr> <td><input type="checkbox"/> Users</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Administrators</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Developers</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Contractors</td> <td>Setting up and performing the interviews</td> </tr> <tr> <td><input type="checkbox"/> Others</td> <td></td> </tr> </table>	<input type="checkbox"/> Users		<input type="checkbox"/> Administrators		<input type="checkbox"/> Developers		<input checked="" type="checkbox"/> Contractors	Setting up and performing the interviews	<input type="checkbox"/> Others		
<input type="checkbox"/> Users													
<input type="checkbox"/> Administrators													
<input type="checkbox"/> Developers													
<input checked="" type="checkbox"/> Contractors	Setting up and performing the interviews												
<input type="checkbox"/> Others													
32	Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.	Only the individuals responsible for setting up 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.											
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.	The Researchers with access to the PII will be required to read and sign the LEAP 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.											
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.	Contractors receive the following data security training, HIPPA Rules of the Road - Practical Information for Ensuring Compliance, IRB 101 Training, General Security Awareness Training, and CITI Human Subjects Training. HIPPA Rules of the Road - Practical Information for Ensuring Compliance, General Security Awareness Training, and CITI Human Subjects Training. All project staff will be trained on the project-specific data security plan (which includes the regulations and requirements for handling data for the study).											

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35	Describe training system users receive (above and beyond general security and privacy awareness training).	Researchers with access to the PII will be required to read and sign the LEAP ROB and use the accompanying PII Collection and Destruction Record.
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
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. Interviews will be transported via encrypted devices.
REVIEWER QUESTIONS: 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 Questions		Answer
Reviewer Notes		
7	Are the individuals whose PII is in the system provided appropriate participation?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes		
8	Does the PIA raise any concerns about the security of the PII?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes		
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		
10	Is the PII appropriately limited for use internally and with third parties?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes		
11	Does the PIA demonstrate compliance with all Web privacy requirements?	<input type="radio"/> Yes <input type="radio"/> No
Reviewer Notes		
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		
General Comments		
OPDIV Senior Official for Privacy Signature	Beverly E. Walker -S <small>Digitally signed by Beverly E. Walker-S DN: c=US, o=U.S. Government, ou=HHS, ou=CDC, ou=People, 0.9.2342.19200500.100.1.1=100144034 3, cn=Beverly E. Walker -S Date: 2015.07.08 12:02:28 -04'00'</small>	HHS Senior Agency Official for Privacy

Carey, James W. (CDC/OID/NCHHSTP)

From: Dolan, William (CDC/OID/NCHHSTP)
Sent: Thursday, March 08, 2018 3:55 PM
To: Carey, James W. (CDC/OID/NCHHSTP)
Subject: RE: Request ISSO Validation - iQualA AA/BCP Artifacts

Good Afternoon Jim,

This is their formal review and approval of the documents submitted for the Annual Self-Assessment (AA) and Business Continuity Plan (BCP) security milestones. There is no other documentation provided. Thanks. Bill

Respectfully,

William (Bill) Dolan, CISSP
NCHHSTP IT Security Team
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP)
Centers for Disease Control and Prevention
Phone: 404.639.6233
Email: WDolan@cdc.gov
Telework: Tuesday - Friday

From: Carey, James W. (CDC/OID/NCHHSTP)
Sent: Thursday, March 8, 2018 2:22 PM
To: Dolan, William (CDC/OID/NCHHSTP) <ixi4@cdc.gov>
Subject: RE: Request ISSO Validation - iQualA AA/BCP Artifacts

Will we have a more descriptive document beyond just this email chain?

From: Dolan, William (CDC/OID/NCHHSTP)
Sent: Thursday, March 08, 2018 1:34 PM
To: Koenig, Linda (CDC/OID/NCHHSTP) <lek5@cdc.gov>
Cc: Carey, James W. (CDC/OID/NCHHSTP) <jfc9@cdc.gov>; Carnes, Neal (CDC/OID/NCHHSTP) <mwi2@cdc.gov>; Sean Owen <Sean.Owen@abtassoc.com>
Subject: FW: Request ISSO Validation - iQualA AA/BCP Artifacts

Good Afternoon Linda,

Please see the confirmation below from OCISO that iQualA has completed its Annual Self Assessment and Business Continuity Plan (BCP) security milestones. Thanks to you, your staff, and your contractors for their assistance completing this important security activity. Bill

Respectfully,

William (Bill) Dolan, CISSP
NCHHSTP IT Security Team
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP)

Centers for Disease Control and Prevention
Phone: 404.639.6233
Email: WDolan@cdc.gov
Telework: Tuesday - Friday

From: Jenkins, Tiffany (CDC/OCOO/OCIO/OCISO) On Behalf Of CDC OCOO-OCISO Inventory Coordinator
Sent: Thursday, March 8, 2018 1:31 PM
To: Vaughn, Ralph S. (CDC/OID/NCHHSTP) <rxv2@cdc.gov>; CDC OCOO-OCISO Inventory Coordinator <OCISOInventory@cdc.gov>
Cc: Dolan, William (CDC/OID/NCHHSTP) <ixi4@cdc.gov>
Subject: RE: Request ISSO Validation - iQualA AA/BCP Artifacts

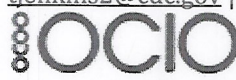
iQualA has completed its Annual Self-Assessment & CP security milestone.

The self-assessment was completed on 03/02/18, making the next annual self-assessment due by 03/01/19. The CP was completed on 03/01/18, making the next annual CP due by 02/28/19.

The documents have been verified; the dates have been updated and will be reflected on the Trusted Agent OIT on: 03/08/18

Tiffany Jenkins

IT Specialist (INFOSEC) | Office of the Chief Information Security Officer | Centers for Disease Control and Prevention | tjenkins2@cdc.gov | Office: 770.488.8026 |

 **Office of the Chief Information Officer**
Office of the Chief Information Security Officer (OCISO)
Services. Support. Solutions.

From: Vaughn, Ralph S. (CDC/OID/NCHHSTP)
Sent: Monday, March 05, 2018 8:20 AM
To: CDC OCOO-OCISO Inventory Coordinator <OCISOInventory@cdc.gov>; CDC OCOO-OCISO SA&A Requests MailBox <saa@cdc.gov>
Cc: Dolan, William (CDC/OID/NCHHSTP) <ixi4@cdc.gov>
Subject: FW: Request ISSO Validation - iQualA AA/BCP Artifacts

Thanks

Ralph

From: Dolan, William (CDC/OID/NCHHSTP)
Sent: Friday, March 2, 2018 8:47 AM
To: Vaughn, Ralph S. (CDC/OID/NCHHSTP) <rxv2@cdc.gov>
Cc: Dolan, William (CDC/OID/NCHHSTP) <ixi4@cdc.gov>; Koenig, Linda (CDC/OID/NCHHSTP) <lek5@cdc.gov>; VU, Trang (CDC/OID/NCHHSTP) <ohi3@cdc.gov>
Subject: Request ISSO Validation - iQualA AA/BCP Artifacts

Good Morning Ralph,

Can you please validate the iQualA AA/BCP artifacts in Trusted Agent and send email to OCISO Inventory Coordinator ?
Thanks. Bill

