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Privacy Impact Assessment Form

v 1.21

Status | Form Number | Form Date

	Question	Answer
1	OPDIV:	CDC
2	PIA Unique Identifier:	TBD
2a	Name:	Acute Flaccid Myelitis: Patient Summary Form
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: EPIDEMIOLOGIST POC Name: Adriana Lopez POC Organization: NCIRD,DVD, EB POC Email: ail7@cdc.gov POC Phone: 404.639.8369
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	June 1, 2016 ☐ Not Applicable

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8c	Briefly explain why security authorization is not required	N/A
10	Describe in further detail any changes to the system that have occurred since the last PIA.	N/A
11	Describe the purpose of the system.	Case Reporting for Acute Flaccid Myelitis
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 Acute Flaccid Myelitis case reporting form collects: patient information, Signs and symptoms of the patient, polio vaccination history, Neuroradiographic findings, details of MRI , Cerebrospinal fluid (CSF) analysis, Electromyography (EMG), Pathogen testing, Respiratory tract, stool, serum specimen testing and collection.
13	Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.	The Acute Flaccid Myelitis (AFM) case reporting form is used to conduct surveillance for AFM. Data collected through this system will be used to determine baseline rates of AFM in the United States and to monitor trends in disease over time. Additionally, laboratory data collected will help with identification of possible etiologic agents for AFM. Clinical information will be used to describe cases, and polio vaccination information will be used to determine if any of the cases could be associated with polio. AFM surveillance will also help with monitoring status of the US with regards to polio elimination status.
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.	☐ Social Security Number ☒ Date of Birth ☐ Name ☐ Photographic Identifiers ☐ Driver's License Number ☐ Biometric Identifiers ☐ Mother's Maiden Name ☐ Vehicle Identifiers ☐ E-Mail Address ☐ Mailing Address ☐ Phone Numbers ☐ Medical Records Number ☒ Medical Notes ☐ Financial Account Info ☐ Certificates ☐ Legal Documents ☐ Education Records ☐ Device Identifiers ☐ Military Status ☐ Employment Status ☒ Foreign Activities ☐ Passport Number ☐ Taxpayer ID County Race Other... State Other...

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16	Indicate the categories of individuals about whom PII is collected, maintained or shared.	☐ Employees ☐ Public Citizens ☐ Business Partners/Contacts (Federal, state, local agencies) ☐ Vendors/Suppliers/Contractors ☒ Patients Other
17	How many individuals' PII is in the system?	<100
18	For what primary purpose is the PII used?	Non-research public health surveillance of Acute Flaccid Myelitis
19	Describe the secondary uses for which the PII will be used (e.g. testing, training or research)	N/A
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.	Section 301 of Public Health Service Act (42 U.S.C. 241)
22	Are records on the system retrieved by one or more PII data elements?	○ Yes ◉ 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: Published: Published: ☐ In Progress

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23	Identify the sources of PII in the system.	Directly from an individual about whom the information pertains ☐ In-Person ☐ Hard Copy: Mail/Fax ☐ Email ☐ Online ☐ Other Government Sources ☐ Within the OPDIV ☐ Other HHS OPDIV ☒ State/Local/Tribal ☐ 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.	0920-0009
24	Is the PII shared with other organizations?	○ Yes ◉ No
24a	Identify with whom the PII is shared or disclosed and for what purpose.	☐ Within HHS ☐ Other Federal Agency/Agencies ☐ State or Local Agency/Agencies ☐ 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)).	N/A
24c	Describe the procedures for accounting for disclosures	N/A
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.	The process for notifying individuals of the use of their personal information is established by the state/local health departments. Patient's physician collects information and works with the state/local health department to notify the patient that the data are collected to help monitor the disease and add to the information that can help identify possible etiologies for this illness.

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26	Is the submission of PII by individuals voluntary or mandatory?	(•) Voluntary ( ) 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.	Patients can refuse to provide PII without any consequences. They are given the choice to provide only the information they are comfortable providing.
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.	CDC is unable to notify and obtain consent. CDC receives the data from the State/Local Health Department and do not have direct access to the patients' contact information.
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.	CDC does not have a process in place for AFM Surveillance to address this issue. Any concerns of this nature would be handled at the State/Local Health Department. We receive the data from the State/Local Health Department and do not have direct access to the patients.
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 Epidemiology Branch in the Division of Viral Diseases maintains a database with information on what data each member has that may contain PII. Information on how the data are stored is reviewed annually to ensure data are being kept securely and that the information is accurate.
31	Identify who will have access to the PII in the system and the reason why they require access.	☒ Users — Users require access so that data can be analyzed for review and summary. ☒ Administrators — Administrators require access to the overall system for maintaining the ☒ Developers — Developers of the system may require access to PII if updates are made to ☒ Contractors — Contractors who are working on AFM may require access to the PII if ☐ Others
32	Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.	Lead Epidemiologist for the project will determine which system users may access PII based on questions that need to be addressed.
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.	Only the minimum amount of PII needed to do our jobs are included in the system. If additional PII is sent, that information is blacked out or redacted on paper copies and not included in any electronic databases.
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.	Security and Privacy Awareness Training is conducted on an annual basis to identify the responsibilities to protect PII.
35	Describe training system users receive (above and beyond general security and privacy awareness training).	The Epidemiology Branch in the Division of Viral Diseases also has a policy available on our share drive about keeping PII secure and the safeguards that need to be taken.

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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.	Scientific and Research Project Records Control Schedule, Significant and or Secondary Research Records. These records may be datasets, field records, and other information necessary to understand a research project. They may also be connected to other data through metadata, indices, or other means. These records may include background materials maintained by individual researchers used to understand scientific advances, learn new techniques, or to prepare for a new project. Approved Records Control Schedule (N1-442-09-1, Item 2) Authorized Disposition: Maintain at least eleven years, but no longer than twenty years, after the retirement of the records depending upon program need for scientific, legal, or business reference. Transfer to FRC is authorized in accordance with applicable storage regulations of electronic records.
38	Describe, briefly but with specificity, how the PII will be secured in the system using administrative, technical, and physical controls.	PII will be secured both physically and electronically. Physical surveillance forms will be stored in locked cabinets within employee badge-secured facilities; electronic data will be saved in folders restricted to non-users, within password-protected computer systems.

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?	( ) Yes ( ) No
Reviewer Notes		
2	Does the PIA appropriately communicate the purpose of PII in the system and is the purpose justified by appropriate legal authorities?	( ) Yes ( ) No
Reviewer Notes		
3	Do system owners demonstrate appropriate understanding of the impact of the PII in the system and provide sufficient oversight to employees and contractors?	( ) Yes ( ) No
Reviewer Notes		
4	Does the PIA appropriately describe the PII quality and integrity of the data?	( ) Yes ( ) No
Reviewer Notes		

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	Reviewer Questions	Answer
5	Is this a candidate for PII minimization?	◯ Yes ◯ No
Reviewer Notes		
6	Does the PIA accurately identify data retention procedures and records retention schedules?	◯ Yes ◯ No
Reviewer Notes		
7	Are the individuals whose PII is in the system provided appropriate participation?	◯ Yes ◯ No
Reviewer Notes		
8	Does the PIA raise any concerns about the security of the PII?	◯ Yes ◯ No
Reviewer Notes		
9	Is applicability of the Privacy Act captured correctly and is a SORN published or does it need to be?	◯ Yes ◯ No
Reviewer Notes		
10	Is the PII appropriately limited for use internally and with third parties?	◯ Yes ◯ No
Reviewer Notes		
11	Does the PIA demonstrate compliance with all Web privacy requirements?	◯ Yes ◯ No
Reviewer Notes		
12	Were any changes made to the system because of the completion of this PIA?	◯ Yes ◯ No
Reviewer Notes		

General Comments	

OPDIV Senior Official for Privacy Signature	Beverly E. Walker -S 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=1001440343, cn=Beverly E. Walker -S Date: 2016.05.26 14:41:34 -04'00'	HHS Senior Agency Official for Privacy	