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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:	0920-1099
2a	Name:	Capacity Building Assistance Program: Assessment and Quality C
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.	Initiation
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: Behavioral Scientist POC Name: Miriam E. Phields POC Organization: NCHHSTP/DHAP/CBB POC Email: byn8@cdc.gov POC Phone: 404-639-4957
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

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8c	Briefly explain why security authorization is not required	Not applicable.
10	Describe in further detail any changes to the system that have occurred since the last PIA.	Not applicable.
11	Describe the purpose of the system.	The purpose of the three systems involved are to collect, maintain, and share data with Centers for Disease Control and Prevention (CDC) and it's contractors as part of program monitoring and evaluation of the Division of HIV/AIDS Prevention (DHAP) capacity building assistance (CBA) program.
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 system will collect, maintain, and store contact information, demographic data, training follow-up data, technical assistance (TA) follow-up data from the recipients of TA and training, names, work mailing addresses, work phone numbers, work email addresses, and organization names.
13	Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.	This information collection will use a quantitative collection approach, utilizing web-based instruments. The mode will vary based on the CBA type (i.e., training vs. TA). CBA service recipients will complete the health professional application for training (HPAT) before any CBA services are delivered. The HPAT collects information from TA and training participants on their (1) occupations, professions, and functional roles; (2) principal employment settings; (3) location of their work settings; and (4) programmatic and population foci of their work. At 90 days after a training event, training recipients are invited to complete the training follow-up survey. The survey consists of 44 quantitative questions designed to elicit information from CBA consumers about their satisfaction with training and trainers, changes in capacity building outcomes (e.g., changes in knowledge, skills, self-efficacy as a result of training, etc.), barriers to implementation, and additional CBA needs. At 45 days after a TA event, TA recipients are invited to complete the TA follow-up survey. The survey consists of 41 quantitative questions designed to elicit information from CBA consumers about their satisfaction with theTA its provider, changes in capacity building outcomes (e.g., changes in knowledge, skills, self-efficacy as a result of the TA, etc.), barriers and facilitators to implementation, and preferences for methods of TA delivery (e.g., phone, email, in-person, etc.). Confidentiality of data is based on protocols in place to protect collected CBA-related data. Data will be stored and managed based on current CDC requirements and standards. CBA-related data will always be treated in a secure manner and will be disclosed in an aggregate form, unless otherwise compelled by law. Data is de-identified for analysis purposes.
14	Does the system collect, maintain, use or share **PII**?	(•) Yes ( ) No

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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 Organization name Work mailing address Work e-mail address Work phone number Other...
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?	5,000-9,999
18	For what primary purpose is the PII used?	These identifiable HPAT data are primarily needed to complete registration, and to conduct training and technical assistance.
19	Describe the secondary uses for which the PII will be used (e.g. testing, training or research)	Secondary uses for PII are to schedule telephone follow-up with respondents who do not complete the online surveys within two weeks and to conduct training and technical assistance.
20	Describe the function of the SSN.	Not applicable.
20a	Cite the **legal authority** to use the SSN.	Not applicable.
21	Identify **legal authorities** governing information use and disclosure specific to the system and program.	Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)).
22	Are records on the system retrieved by one or more PII data elements?	◉ Yes ○ No

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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:	Privacy Act System Notice 09-20-0161 Records of
		Published:	
		Published:	
		☐ In Progress	
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.	0920-1099	
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	Purpose
		☐ 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		

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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.	Participants are informed that "The requested information is used only to process your training registration."
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.	There is no opt-out option for those registering for a training course or technical assistance delivery as this information is needed for planning and coordination purposes.
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.	There are no major changes expected for this information collection, however, individuals can be contacted via phone or email by local study staff to notify them of any major changes to the system.
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.	Study participants will be instructed to contact an individual in the Office of Responsible Research Practices at each local site if they have any questions about their rights as a participant or concerns that their PII may have been inappropriately obtained, used, or disclosed. Contact information will be included in the study consent form.
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.	Records are routinely reviewed to ensure accuracy for the purposes of planning and coordination of training and technical assistance. Records will be retained and destroyed in accordance with the applicable CDC Records Control Schedule as mandated by OCISO.
31	Identify who will have access to the PII in the system and the reason why they require access.	☐ Users ☐ Administrators ☐ Developers ☒ Contractors: Evaluation contractors use limited PII to schedule telephone follow-up with ☐ Others
32	Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.	The CDC study team has defined that roles and responsibilities to access PII be limited to study investigators, namely, co-principal investigators, the Program Director, and the Program Manager) to include access to recruitment/retention, survey, and interview data. The study data manager has a defined role that will only have access to survey and interview data.

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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.	Access to sensitive Personally Identifiable Information (PII) will be restricted to individuals trained in human subject protections who are listed on the Institutional Review Board (IRB) protocol. All PII is collected for a specific and identifiable purpose with access restricted to specific job tasks and individuals who perform those tasks. Access to PII in study data collected for the purposes of analysis is limited to the study investigators and data manager.
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.	CDC personnel are required to complete the annual OCISO Security Awareness Training to make them aware of their responsibilities for protecting the information being collected and maintained. Local study staff will undergo data security and confidentiality training annually and will sign a confidentiality statement before access to study data is authorized. All local study staff will be knowledgeable about local data security policy and procedures and researchers will ensure that the written data security policy is easily accessible.
35	Describe training system users receive (above and beyond general security and privacy awareness training).	Details of training is under the auspices of each local site.
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.	CDC uses the CDC Records Control Schedule for determining retention and destruction of PII, specifically, section 04-4-40 Surveillance Report of STD Activity, which prescribes that records be retained and destroyed when no longer needed for administrative or research purposes or when 30 years old, whichever comes first.
38	Describe, briefly but with specificity, how the PII will be secured in the system using administrative, technical, and physical controls.	Administrative: Access to study data remains limited. Assessment data is not accessed based on PII. Business PII in limited cases are accessed to contact potential respondents to complete our training and TA follow-up interviews. Public access to de-identified study data and aggregated results are possible in accordance with the data use agreement set by the center. Technical: The data are stored and managed based on CDC requirements and standards which includes processes for handling security incidents and the event monitoring and incident response. All administrative controls are validated through a Certification and Authorization (C&A) process as conducted prior to moving any software application into production. Physical: All systems are securely controlled in a new state-of-the-art data center, which has limited access to badged personnel.

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Reviewer Questions	Answer
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		
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

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	Reviewer Questions	Answer
	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	Jarell Oshodi -S Digitally signed by Jarell Oshodi -S Date: 2018.12.10 14:29:00 -05'00'	HHS Senior Agency Official for Privacy	