

Privacy Impact Assessment Form

v 1.21

Status Form Number Form Date

Question

Answer

1 OPDIV:

CDC

2 PIA Unique Identifier:

TBD

2a Name:

24 National Disease Data (NDSP)

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
 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

| | | |
|----|---|--|
| 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. | The purpose purpose for reporting communicable diseases is to determine the prevalence of diseases dangerous to public health. Collecting this data provides the basis for planning and evaluating effective programs for prevention and control of infectious diseases. The information submitted on the disease incidences are needed to identify and study present and emerging disease problems. |
| 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.) | Patient's DOB, Age, First 3 letters of Patient's last name, Patient's initials, Patients Date of Death, State of Death, Ethnicity/Race, Patient' s State, Patient's County, Patient's Sex and Physician contact info This information is pulled from multiple forms. |
| 13 | Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily. | The goal of the system is to collect disease specific surveillance reports of rare, uncommon or infrequent disease. The data will be used to determine the prevalence of diseases dangerous to public health. The data will also be used for planning and evaluating effective programs for prevention and control of infectious diseases. Disease incidence is needed to study present and emerging disease problems. |
| 14 | Does the system collect, maintain, use or share PII? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 15 | Indicate the type of PII that the system will collect or maintain. | <input type="checkbox"/> Social Security Number <input checked="" type="checkbox"/> Date of Birth <input 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 type="checkbox"/> E-Mail Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Phone Numbers <input type="checkbox"/> Medical Records Number <input checked="" 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" value="Physician Contact Info."/> <input type="text" value="Ethnicity/Race"/> <input type="text" value="Sex"/> <input type="text" value="First 3 letters of last name"/> <input type="text" value="Date of Death"/> |

| | |
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| 16 | Indicate the categories of individuals about whom PII is collected, maintained or shared. <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"/> |
| 17 | How many individuals' PII is in the system? <input type="text" value="5,000-9,999"/> |
| 18 | For what primary purpose is the PII used? <input type="text" value="The information is used for epidemiological analysis to coordinate and evaluate nationwide surveillance system of Creutzfeldt-Jakob Disease, Reye Syndrome, and Kawasaki Disease."/> |
| 19 | Describe the secondary uses for which the PII will be used (e.g. testing, training or research) <input type="text" value="None"/> |
| 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 (42="" 241);="" 304,="" 306="" 308(d)="" act."="" and="" investigation,\"="" reporting="" research="" reye's="" sections="" syndrome="" type="text" u.s.c.="" value="Public Health Service Act, Section 301, \"/> |
| 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.

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.

OMB No. 0920-0009, Expires 04/30/2016

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 To make the States aware of the case
- 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)).

None

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.

Not Applicable; At time of sample collection individuals are notified their information is being sent to the CDC by state health department staff. Individuals can choose not to write their address or their full name with the state.

CDC will process the sample regardless of what information is placed on the form.

| | | | |
|----|--|--|---|
| 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. | <p>Not Applicable: State Health departments collect this data and therefore is responsible for handling this issue. Individuals can choose not to write their address or their full name.</p> <p>CDC will process the sample regardless of what information is placed on the form.</p> | |
| 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. | None. The information is received from the state and they are responsible for handling this issue. | |
| 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. | Not applicable to CDC because the data are obtained and provided to CDC by State Health Agencies. State Health department's takes the responsibility for accurate data collecting and making the necessary changes. | |
| 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. | <p>Annual Self -Assessment.</p> <p>Surveillance questions, including those related to PII, are routinely reviewed to ensure that accurate and relevant information is collected. System data are regularly analyzed, interpreted, and shared within the scientific community, which contributes to system integrity.</p> | |
| 31 | Identify who will have access to the PII in the system and the reason why they require access. | <input checked="" type="checkbox"/> Users <input checked="" type="checkbox"/> Administrators <input type="checkbox"/> Developers <input type="checkbox"/> Contractors <input type="checkbox"/> Others | <p>Users enter surveillance data, including PII, into the system, analyze the data,</p> <p>Administrators grant system access to users.</p> |
| 32 | Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII. | Only those requiring access to the system as part of their job responsibilities (i.e., users) will be granted access by system administrators after giving authorization by Business Steward. These users will have access to surveillance data, including PII. | |
| 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 system has role base access to limit information accessibility. | |
| 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 Security Awareness Training | |
| 35 | Describe training system users receive (above and beyond general security and privacy awareness training). | N/A | |

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.

Following the Scientific and Research Project Records (N1-442-09-001). Records are retained and disposed of in accordance with the CDC Records Control Schedule (N1-442-09-001). A copy of study reports are maintained in agency in accordance with retention schedules. Source documents for computer are disposed of when no longer needed by program officials. Personal identifiers may be deleted from records when no longer needed in the study as determined by the system manager, and as provided in the signed consent form, as appropriate. Disposal methods include erasing computer tapes, burning or shredding paper materials or transferring records to the Federal Records Center when no longer needed for evaluation and analysis. Records are retained for over 20 years; for longer periods if further study is needed.

38 Describe, briefly but with specificity, how the PII will be secured in the system using administrative, technical, and physical controls.

Documents with 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 on an encrypted network share in a folder 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? | <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 Questions | | Answer |
|---|---|---|
| Reviewer Notes | | |
| 6 | Does the PIA accurately identify data retention procedures and records retention schedules? | <input type="radio"/> Yes <input type="radio"/> No |
| 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 | | HHS Senior Agency Official for Privacy |