

# Privacy Impact Assessment Form

v 1.21

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

|    |   |   |
|----|---|---|
| 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.   | This is a new information collection.   |
| 11 | Describe the purpose of the system.   | The primary purpose of the project is to develop a surveillance information collection to monitor HIV prevalence, risk behaviors, prevention and testing in 2 states funded to conduct brief mixed-methods assessments in priority populations from geographic areas of interest with limited bio-behavioral HIV data.  |
| 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>The quantitative survey will include Name, email address, phone numbers, mailing address, core questions on sexual risk behaviors, injection and non-injection drug use behaviors, testing for HIV and other sexually transmitted infections (STIs), and use of prevention and health care services. Standard sets of questions tailored to specific populations (e.g., persons who inject drugs, men who have sex with men) will cover topics appropriate to the priority population. These may include questions about sexual partners, drug treatment, and history of adverse health outcomes such as overdose, experiences with homelessness, experiences with law enforcement, and experiences with violence. Additional questions may include topics of local interest by funded states.</p> <p>Questions for qualitative interviews or focus groups will be tailored to the population of interest and will evolve over the course of data collection based on preceding and existing information (e.g., probing further on identified themes in prior interviews). Topics may include healthcare access and services, sexual risk behaviors, HIV treatment and prevention, STIs, drug use, social determinants of health, stigma, discrimination, and social capital. Other qualitative data sources may include observations, mapping (e.g., mapping areas with discarded syringes/syringe litter in areas where drug use occurs), and brief intercept surveys that focus on a few general topics (e.g., how a sub-population feels about a local community based organization, where sub-populations congregate).</p> <p>Participants may have the option to provide limited contact information to BHBA project staff on a voluntary basis for participants' convenience or for facilitating local operational processes (e.g., mail self-testing kits, return test results, send appointment reminders, facilitate linkage to HIV care and other services). In all cases, participant contact information will NOT be linked or linkable to the participant's responses to questions in the quantitative or qualitative interviews. Contact information will be stored and secured locally by trained project staff, and never shared with CDC or with anyone outside of the project. Contact information will be destroyed by the end of the data collection.</p> |

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

Name, email address, phone numbers, mailing address and data will be collected locally using computers that are solely used for National HIV Behavioral Surveillance -- Brief HIV Bio-behavioral Assessments (NHBS-BHBA) data collection activities. The computers will be protected by using a coded password only known by authorized project staff. Electronic data will be stored on a secured computer drive that is password-protected and accessible only to the staff with tasks that require access to the data. Computers will be kept with the project staff at all times when in the field. Any portable computers will be collected and secured by the field supervisor after the last interview of the day. When not in use in the field, the portable computers will be locked in a drawer or office at the health department or the contracted agency conducting the surveillance.

The funded states (Massachusetts and Florida) will collect and submit BHBA data to CDC. Authorized staff will ensure data are transmitted to Research Electronic Data Capture (REDCap), a secure web-based application for administering surveys. Quantitative data will be submitted online via REDCap upon completion of each interview. CDC will work with project staff to address data quality issues. Qualitative data such as summary information, transcripts, interview or focus group notes, observations, and maps will be submitted to CDC using FileZilla - a secure file transfer protocol by authorized project staff.

CDC will not receive or maintain any personally identifying information (PII). From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.

Data will be maintained indefinitely as this is a surveillance project with the potential to continue.

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 checked="" 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" value="Other..."/>               |
| <input type="text" value="Other..."/>              | <input type="text" value="Other..."/>               |
| <input type="text" value="Other..."/>              | <input type="text" value="Other..."/>               |

|     |   |
|-----|---|
| 16  | Indicate the categories of individuals about whom PII is collected, maintained or shared.<br><input type="checkbox"/> Employees<br><input checked="" type="checkbox"/> Public Citizens<br><input type="checkbox"/> Business Partners/Contacts (Federal, state, local agencies)<br><input type="checkbox"/> Vendors/Suppliers/Contractors<br><input type="checkbox"/> Patients<br>Other <input type="text"/>   |
| 17  | How many individuals' PII is in the system?<br><input type="text" value="500-4,999"/>   |
| 18  | For what primary purpose is the PII used?<br><input type="text" value="Participants may have the option to provide limited contact information on a voluntary basis for their convenience and facilitating local operational processes (e.g., mail self-testing kits, return test results, send appointment reminders, facilitate linkage to HIV care and other services)."/>   |
| 19  | Describe the secondary uses for which the PII will be used (e.g. testing, training or research)<br><input type="text" value="None"/>  |
| 20  | Describe the function of the SSN.<br><input type="text" value="N/A. No Social Security Number is being collected"/>   |
| 20a | Cite the <b>legal authority</b> to use the SSN.<br><input type="text" value="N/A"/>   |
| 21  | Identify <b>legal authorities</b> governing information use and disclosure specific to the system and program.<br><input (42="" 241);="" 242="" 304,="" 306="" 308(d)="" activities="" and="" assurances="" authority="" b,="" confidentiality="" data="" discuss="" for="" health="" investigation,\"="" k,="" m(d))."="" maintain="" of="" provide="" related="" research="" sections="" to="" type="text" u.s.c.="" value="Public Health Service Act, Section 301, \" which=""/> |
| 22  | Are records on the system retrieved by one or more PII data elements?<br><input type="radio"/> Yes<br><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.<br>Published: <input type="text"/><br>Published: <input type="text"/><br>Published: <input type="text"/><br><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.

To be assigned once OMB approves.

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)).

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.

CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.

The process to notify participants is during the informed consent process that notifies participants about collection and handling of their personal information. No PII will be linked to NHBS-BHBA data.

|  |  |  |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
|--|--|--|--------------------------------|----------------------|---|----------------------|-------------------------------------|----------------------|--------------------------------------|----------------------|--|--|
| 26   | Is the submission of PII by individuals voluntary or mandatory?  | <input checked="" type="radio"/> Voluntary<br><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>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>Participants will have the option to not provide their contact information to still participate in the project.</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. | <p>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>Participant contact information will not be linked to NHBS-BHBA data. Funded states will follow their Institutional Review Board (IRB) approved procedures for handling PII and notify the IRB and CDC if there are any adverse events. Once NHBS-BHBA data have been collected, any PII used for facilitating local operational processes will be destroyed, so there will not be "major changes" to the system.</p> |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
| 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.   | <p>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>Consent process information for study participants will include how to contact senior project staff (e.g. principle investigator) for any issues or concerns.</p>   |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
| 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>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>Funded states will develop and update a data management plan that includes how they will collect, store, and destroy contact information.</p>   |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
| 31   | Identify who will have access to the PII in the system and the reason why they require access.   | <table border="0"> <tr> <td><input type="checkbox"/> Users</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Administrators</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Developers</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Contractors</td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Others</td> <td>State-funded NHBS-BHBA personnel will have access to PII. CDC will not</td> </tr> </table>   | <input type="checkbox"/> Users | <input type="text"/> | <input type="checkbox"/> Administrators | <input type="text"/> | <input type="checkbox"/> Developers | <input type="text"/> | <input type="checkbox"/> Contractors | <input type="text"/> | <input checked="" type="checkbox"/> Others | State-funded NHBS-BHBA personnel will have access to PII. CDC will not |
| <input type="checkbox"/> Users             | <input type="text"/>   |  |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
| <input type="checkbox"/> Administrators    | <input type="text"/>   |  |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
| <input type="checkbox"/> Developers        | <input type="text"/>   |  |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
| <input type="checkbox"/> Contractors       | <input type="text"/>   |  |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
| <input checked="" type="checkbox"/> Others | State-funded NHBS-BHBA personnel will have access to PII. CDC will not   |  |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |
| 32   | Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.   | <p>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>Only trained project staff in funded states will have access to PII, as needed.</p>   |                                |                      |   |                      |                                     |                      |                                      |                      |  |  |

|  |  |               |
|--|--|---------------|
| <p>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.</p>   | <p>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>PII access will be limited to state-funded NHBS-BHBA personnel. The PII recorded is the minimal necessary to facilitate project procedures (e.g. call a patient with a test result if using local laboratory for confirmatory testing; email incentives to participants who completed an interview).</p>  |               |
| <p>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.</p> | <p>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>Funded states will have IRB-approved procedures in place for training project staff to conduct research activities per their protocol.</p>  |               |
| <p>35 Describe training system users receive (above and beyond general security and privacy awareness training).</p>   | <p>N/A</p>   |               |
| <p>36 Do contracts include Federal Acquisition Regulation and other appropriate clauses ensuring adherence to privacy provisions and practices?</p>  | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>  |               |
| <p>37 Describe the process and guidelines in place with regard to the retention and destruction of PII. Cite specific records retention schedules.</p>   | <p>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>Funded states will follow CDC Records schedule, Part 7 ATSDR, 1-17 Scientific Records.</p> <p>Authorized Disposition: Do not transfer to an FRC. Destroy 5 years after completion of final health assessment, consultation, etc.</p>  |               |
| <p>38 Describe, briefly but with specificity, how the PII will be secured in the system using administrative, technical, and physical controls.</p>  | <p>CDC will not receive or maintain any PII. From the CDC perspective this project does not collect PII as no PII will ever be accessible to CDC staff.</p> <p>Electronic contact information will be maintained in a secure, password-protected electronic form to which only authorized project staff will have access.</p> <p>Administrative control: only project staff will have access,</p> <p>Technical control: it is in a secure password-protected database, and</p> <p>Physical control: paper records will be kept in a locked file cabinet in a secured office.</p> |               |
| <p><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.</p>   |  |               |
|  | <p>Reviewer Questions</p>  | <p>Answer</p> |

| Reviewer Questions |  | Answer   |
|--------------------|--|--|
| 1                  | Are the questions on the PIA answered correctly, accurately, and completely?   | <input checked="" type="radio"/> Yes<br><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<br><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<br><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<br><input type="radio"/> No            |
| Reviewer Notes     | <input type="text"/>   |  |
| 5                  | Is this a candidate for PII minimization?  | <input type="radio"/> Yes<br><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<br><input type="radio"/> No            |
| Reviewer Notes     | <input type="text"/>   |  |
| 7                  | Are the individuals whose PII is in the system provided appropriate participation?   | <input type="radio"/> Yes<br><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<br><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<br><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<br><input type="radio"/> No            |
| Reviewer Notes     | <input type="text"/>   |  |
| 11                 | Does the PIA demonstrate compliance with all Web privacy requirements?   | <input type="radio"/> Yes<br><input type="radio"/> No            |



| Reviewer Questions                          |  | Answer  |
|---|--|---|
| <i>Reviewer Notes</i>                       | <input type="text"/>   |   |
| 12  | Were any changes made to the system because of the completion of this PIA? | <input type="radio"/> Yes<br><input type="radio"/> No |
| <i>Reviewer Notes</i>                       | <input type="text"/>   |   |
| General Comments                            | <input type="text"/>   |   |
| OPDIV Senior Official for Privacy Signature | <input type="text"/>   | HHS Senior Agency Official for Privacy                |
|   | <input type="text"/>   | <input type="text"/>                                  |