

# Privacy Impact Assessment Form

v 1.21

Status  Form Number  Form Date

Question

Answer

1 OPDIV:

CDC

2 PIA Unique Identifier:

PRA-0920-2134

2a Name:

Evaluation of the Minority HIV/AIDS Research Initiative: 2003-pre

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	No new data systems are being created to support data collection as part of this cooperative agreement.
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 system will collect data to evaluate the Minority HIV/AIDS Research Initiative (MARI), which is a training program for early-career investigators to build capacity for HIV prevention and treatment research in racial/ethnic minority communities disproportionately affected by HIV. This study will evaluate MARI to understand its impact on communities of color and on researchers' careers in order to garner insight into how to improve MARI as a research training program for early-career investigators. We propose to survey all previously funded MARI investigators.
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.)	A survey will be used to collect data on the evaluation of the MARI training program. The survey will include name, demographic questions (e.g., race/ethnicity, gender identity), insight on studies that the participant completed during MARI (e.g., brief overview of studies, the communities served, and impacts), and feedback about MARI as a training program.
13	Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.	All PII (name, demographic questions), and non-PII (information about the MARI studies, impact on principal investigator career, and impact on the communities where the MARI study was implemented) will be collected in the data system. The data collected will inform MARI's impact on communities of color and on researchers' careers in order to improve MARI as a research training program for early-career investigators. Data will be collected using Microsoft Forms, REDCap, or SurveyMonkey. Each of these software systems use encryption for data storage and transmittal of data files. All collected data will be stored on a CDC secured server on a MARI shared drive folder. Only persons who have training and are staff who work on MARI are granted access to these folders.
14	Does the system collect, maintain, use or share <b>PII</b> ?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>15 Indicate the type of PII that the system will collect or maintain.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Social Security Number</td> <td><input type="checkbox"/> Date of Birth</td> </tr> <tr> <td><input checked="" type="checkbox"/> Name</td> <td><input type="checkbox"/> Photographic Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Driver's License Number</td> <td><input type="checkbox"/> Biometric Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Mother's Maiden Name</td> <td><input type="checkbox"/> Vehicle Identifiers</td> </tr> <tr> <td><input checked="" type="checkbox"/> E-Mail Address</td> <td><input type="checkbox"/> Mailing Address</td> </tr> <tr> <td><input checked="" type="checkbox"/> Phone Numbers</td> <td><input type="checkbox"/> Medical Records Number</td> </tr> <tr> <td><input type="checkbox"/> Medical Notes</td> <td><input type="checkbox"/> Financial Account Info</td> </tr> <tr> <td><input type="checkbox"/> Certificates</td> <td><input type="checkbox"/> Legal Documents</td> </tr> <tr> <td><input type="checkbox"/> Education Records</td> <td><input type="checkbox"/> Device Identifiers</td> </tr> <tr> <td><input type="checkbox"/> Military Status</td> <td><input type="checkbox"/> Employment Status</td> </tr> <tr> <td><input type="checkbox"/> Foreign Activities</td> <td><input type="checkbox"/> Passport Number</td> </tr> <tr> <td><input type="checkbox"/> Taxpayer ID</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/> Race/Ethnicity</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/> Gender</td> <td><input type="text"/></td> </tr> </table>	<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"/>	<input type="text"/> Race/Ethnicity	<input type="text"/>	<input type="text"/> Gender	<input type="text"/>
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<p>16 Indicate the categories of individuals about whom PII is collected, maintained or shared.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Employees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Public Citizens</td> </tr> <tr> <td><input type="checkbox"/> Business Partners/Contacts (Federal, state, local agencies)</td> </tr> <tr> <td><input type="checkbox"/> Vendors/Suppliers/Contractors</td> </tr> <tr> <td><input type="checkbox"/> Patients</td> </tr> <tr> <td>Other <input type="text"/></td> </tr> </table>	<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"/>																						
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<p>17 How many individuals' PII is in the system?</p>	<input type="text" value="&lt;100"/>																												
<p>18 For what primary purpose is the PII used?</p>	<p>The purpose of this study is to assess the impact MARI had on communities of color for the past two decades and on researchers' careers. The PII collected will inform the future direction of MARI as an early-career training program for equitable funding and research opportunities for communities of color disproportionately affected by HIV-related disparities and for equitable training opportunities for racial/ethnic minority investigators who are often marginalized.</p>																												
<p>19 Describe the secondary uses for which the PII will be used (e.g. testing, training or research)</p>	<input type="text" value="Evaluation"/>																												
<p>20 Describe the function of the SSN.</p>	<input type="text" value="N/A"/>																												
<p>20a Cite the <b>legal authority</b> to use the SSN.</p>	<input type="text" value="N/A"/>																												
<p>21 Identify <b>legal authorities</b> governing information use and disclosure specific to the system and program.</p>	<input type="text" value="42 U.S.C. 241, Chapter 6a - Public Health Service; Subchapter II - General Powers and Duties Part A - Research and Investigations."/>																												
<p>22 Are records on the system retrieved by one or more PII data elements?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>																												

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.

0920-0840; 03/31/2027

24 Is the PII shared with other organizations?

Yes

No

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 will be sent an email requesting their participation in the MARI evaluation study and directed to a website link which will contain the informed consent and the option to not participate or skip any survey question. Participants will be advised to reach out to MARI Program Lead for any questions before consenting to their participation in the study. Any PII submitted is voluntary and any question can be skipped.

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.

Individuals will have the option to not answer any questions that include PII or may make them feel uncomfortable.

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.

This is a single, one-time data collection. There is no need to contact individuals about changes in 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>	<p>Should an individual have a concern, they will be advised to contact the MARI program lead and administrator of the survey for any questions. We will also limit the inappropriate use of PII collected data by de-identifying data before any reports are published. We will not use identifiers in qualitative quotes to ensure the identities of our participants remain confidential. Only de-identified data will be published. Any breach in data privacy and confidentiality will be reported to the CDC's Division of HIV Research Branch Associate Chiefs of Science within 24 hours and in accordance with the Division's policies and procedures.</p>	
<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>	<p>All collected data will be stored on a CDC secured server on a MARI shared drive folder. Only persons who have training and are staff who work on MARI are granted access to these folders. The MARI program lead and administrator of this survey, will routinely review files to ensure the data's integrity, availability, accuracy and relevancy.</p>	
<p>31 Identify who will have access to the PII in the system and the reason why they require access.</p>	<p> <input type="checkbox"/> Users  <input checked="" type="checkbox"/> Administrators  <input type="checkbox"/> Developers  <input checked="" type="checkbox"/> Contractors  <input type="checkbox"/> Others         </p>	<p> <input type="text"/>  <input type="text" value="MARI Lead for oversight of survey and data analysis (as needed)."/>  <input type="text"/>  <input type="text" value="Direct badged contractors (data analysts) will have access to the data"/>  <input type="text"/> </p>
<p>32 Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.</p>	<p>The MARI Program Lead/administrator only grants access to individuals whose roles (e.g., MARI data analyst, MARI project officer) are affiliated with MARI duties. Only persons who have access to CDC's secure MARI folder (must be granted access by the MARI Program Lead/administrator) will have access to the PII collected.</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>The data manager/contractor and the MARI program lead/administrator will have access to the survey results that will contain the PI. The data manager will create the database, check for data quality, and de-identify the data prior to the analysis. The administrator will review the database to ensure all procedures are followed appropriately.</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>All staff and contractors receive records management training and must adhere to the policies yearly.</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 checked="" type="radio"/> Yes  <input 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>Records will be processed and managed in accordance with CDC Records Control Schedule (RCS) N1-442-09-001, Survey Records.</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><b>Technical:</b> All collected data will be collected in an encrypted system and then stored on a CDC secured server on a MARI shared drive folder with role-based and least privilege (only those with job-related duties associated with MARI).</p> <p><b>Administrative:</b> Only persons who have training and are staff who work on MARI are granted access to these folders.</p> <p><b>Physical:</b> Servers are located in a secure environment with security guards, close circuit television, proximity cards and readers.</p>

**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
<p>1 Are the questions on the PIA answered correctly, accurately, and completely?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><i>Reviewer Notes</i> <input type="text"/></p>	
<p>2 Does the PIA appropriately communicate the purpose of PII in the system and is the purpose justified by appropriate legal authorities?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><i>Reviewer Notes</i> <input type="text"/></p>	
<p>3 Do system owners demonstrate appropriate understanding of the impact of the PII in the system and provide sufficient oversight to employees and contractors?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><i>Reviewer Notes</i> <input type="text"/></p>	
<p>4 Does the PIA appropriately describe the PII quality and integrity of the data?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><i>Reviewer Notes</i> <input type="text"/></p>	
<p>5 Is this a candidate for PII minimization?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p><i>Reviewer Notes</i> <input type="text"/></p>	
<p>6 Does the PIA accurately identify data retention procedures and records retention schedules?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p><i>Reviewer Notes</i> <input type="text"/></p>	

Reviewer Questions		Answer	
7	Are the individuals whose PII is in the system provided appropriate participation?	<input checked="" type="radio"/> Yes <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 <input checked="" 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 <input checked="" type="radio"/> No	
Reviewer Notes	<input type="text"/>		
10	Is the PII appropriately limited for use internally and with third parties?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
11	Does the PIA demonstrate compliance with all Web privacy requirements?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
12	Were any changes made to the system because of the completion of this PIA?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Reviewer Notes	<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"/>