

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: IFAS

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-11-19
2 HHS Agency (OPDIV):	Indian Health Service
3 Title of System or Information Collection:	Integrated Financial Applications (IFAS)
4 Is this System or Information Collection new or is an existing one being modified?	IFAS is a new system that is still in the planning and approval phase
5 Unique Project Identifier Number:	009-17-01-01-01-0000-00-402-124
6 System of Records Number:	n/a
7 OMB Information Collection Approval Number and Expiration Date :	n/a
8 Other Identifying Number(s):	n/a

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: IFAS

9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

The Integrated Financial Application System (IFAS) incorporates the UFMS modules (General Ledger, Accounts Receivable, Accounts Payable, and Projects), as well as adding the functionality of Fixed Assets, Purchasing, Inventory and Business Intelligence. The system Business Plan has been approved by the IHS ITIRB, but is awaiting DHHS approval to proceed with acquisition and implementation. These financial modules will be used by the IHS to track funding and expenditures, process payments, purchase and track assets, purchase services and supplies, track supply inventories and review statistics regarding patient care visits and financial information. Authority for maintenance of the system: Section 321 of the Public Health Service Act, as amended, (42 U.S.C. 248), "Hospitals, Medical Examinations and Medical Care." Section 327A of the Public Health Service Act, as amended, (42 U.S.C. 254a-1), "Hospital-Affiliated Primary Care Centers." Indian Self Determination and Education Assistance Act (25 U.S.C. 450). Snyder Act (25 U.S.C. 13). Indian Health Care Improvement Act (25 U.S.C. 1601 et. seq). Construction of Community Hospitals Act (25 U.S.C. 2005-2005f). Indian Health Service Transfer Act (42 U.S.C. 2001-2004). Chief Financial Officers Act of 1990.

10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

A. Contractor name, social security number, mailing address, phone number and financial account information will be collected to facilitate payments and required IRS reporting. This is the minimum level of information to be able to properly identify the contractor. B. Patient name, Date of Birth, Medical Record number, Social Security number, and Date of Service are anticipated as information that the system will need to collect to facilitate the issuance of a purchase order for referred patient care. This is the minimum level of information required to issue a purchase order to the outside provider of care and facilitate payment to the provider following the service.

11 Explain why the information is being collected.

A. Contractor information is collected to facilitate prompt payment to the medical care contractor and to comply with IRS reporting requirements. B. Patient information is collected to properly identify the patient that is being referred to an outside medical provider on the Purchase Order so that payment to the outside medical provider can be prompt and accurate.

12 Identify with whom the agency will share the collected information

A. Contractor information (financial account number) will be shared with the financial institution that is specified by the contractor to receive payments. Contractor information (Social Security Number) will also be shared with the IRS. B. Patient information will be shared with the outside medical provider and with the IHS Fiscal Intermediary that processes payments for referred medical care.



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| <p>13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.</p> | <p>The contractor information will be obtained from the contractor during the contract negotiation and approval phase. Contractors will be informed as to why the information is needed and are given a copy of all data collected. B. Patient information is obtained from the patient form their Health Insurance Portability and Accountability Act disclosure given to each patient. The disclosure identifies this use of information and the patient signature acknowledges receipt of the disclosure.</p> |
| <p>14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)</p> | <p>No information is anticipated to be collected via the Internet .</p> |
| <p>15 Describe how the information will be secured.</p> | <p>The system is still in the planning phase, however all security controls required by policy are intended to be used in the implementation and operation of this system.</p> |
| <p>16 Describe plans for retention and destruction of data collected.</p> | <p>The system is still in the planning phase, however all security controls required by policy are intended to be used in the implementation and operation of this system.</p> |
| <p>17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.</p> | <p>This is will eventually create a system of record if the project is authorized by the Department of Health and Human Services.</p> |
| <p>18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):</p> | |
| <p>19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):</p> | |
| <p>20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):</p> | |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: IHSNET (IOAT)

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-10-28
2 HHS Agency (OPDIV):	Indian Health Service
3 Title of System or Information Collection:	Telecommunications Infrastructure
4 Is this System or Information Collection new or is an existing one being modified?	Existing system
5 Unique Project Identifier Number:	00917020001101000404139
6 System of Records Number:	N/A
7 OMB Information Collection Approval Number and Expiration Date :	N/A
8 Other Identifying Number(s):	N/A

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: IHSNET (IOAT)

- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

Categories of individuals covered by the system: Individuals, including both IHS beneficiaries and non beneficiaries, who are applying for or taking part in job applications or Scholarship & Grants The Jobs database is a database of jobs available throughout IHS facilities, tribally operated health programs, and urban Indian health programs. Authority for maintenance of the system: Section 321 of the Public Health Service Act, as amended, (42 U.S.C. 248), "Hospitals, Medical Examinations and Medical Care." Section 327A of the Public Health Service Act, as amended, (42 U.S.C. 254a-1), "Hospital-Affiliated Primary Care Centers." Indian Self Determination and Education Assistance Act (25 U.S.C. 450). Snyder Act (25 U.S.C. 13). Indian Health Care Improvement Act (25 U.S.C. 1601 et. seq). Construction of Community Hospitals Act (25 U.S.C. 2005-2005f). Indian Health Service Transfer Act (42 U.S.C. 2001-2004). In the Indian Health Care Improvement Act (hereinafter "the Act"), Public Law 94-437, the Congress and the President of the United States established a national goal "to provide the quantity and quality of health services which maximum par twill permit the health status of Indians to be raised to the highest possible level and to encourage the participation of Indians in the planning and management of those services" To accomplish this goal, the Indian Health Care Improvement Act (I H C I A) and its subsequent amendments of 1980, 1988, 1992, and 1996 authorize the I H S to conduct three interrelated scholarship programs to train the professional health personnel necessary to staff I H S health programs serving the Indian people. These scholarship programs are the: Health Professions Preparatory Scholarship Program "Section 103(b)(1) Health Professions Pre-graduate Scholarship Program"Section 103(b)(2) Health Professions Scholarship Program"Section 104 Health Professions Extern Program"Section 105

- 10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

A. Records containing general information on the person's residence, status of work, phone numbers and also the amount of monies awarded to the individuals using scholarships. These records are maintained and tracked from the beginning of the scholarship process until the person enters employment within the Indian Health.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: IHSNET (IOAT)

11 Explain why the information is being collected.

A. To provide a description of an applicant's interest in applying for jobs advertised within the Indian Health Service. B. To provide IHS program officials with statistical data upon which the jobs and scholarships can be tracked and accounted for. C. To serve as a means of communication among members of the personnel team who contribute to fillings and tracking jobs within the Indian Health Service. D. To serve as the official documentation of jobs begin applied for and scholarships be paid to individual students. E. To contribute to continuing education of IHS staff to improve their competency to deliver health care services and filling jobs within those health care disciplines. F. To improve the IHS health care provides entering the Indian Health Service.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: IHSNET (IOAT)

12 Identify with whom the agency will share the collected information

A. Records may be disclosed to individuals within the Indian Health Service in the areas of personnel and finance. B. Records may be disclosed to authorized organizations, such as the United States Office of Technology Assessment, or individuals for conduct of analytical and evaluation studies sponsored by the IHS. C. Records may be disclosed to a congressional office in response to an inquiry from that office made at the request of the subject individual. D. A record may be disclosed for a research purpose, when the Department: 1) Has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained; 2) Has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring; 3) Has required the recipient to

- a. establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, and
- b. remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information, and
- c. make no further use or disclosure of the record except
 - i. in emergency circumstances affecting the health or safety of any individual,
 - ii. for use in another research project, under these same conditions, and with written authorization of the Department,
 - iii. for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or
 - iv. when required by law;
- d. Has secured a written statement attesting to the recipient's understanding of, and willingness to abide by these provisions.

E. The Department may disclose information from this system of records to the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when:

- a. HHS, or any component thereof;
- b. Any HHS employee in his or her official capacity;
- c. Any HHS employee in his or her individual capacity where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee;
- d. The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is a party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party, provided, however, that in each case, HHS determines that such disclosure is



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OPDIV: IHS System Name: IHSNET (IOAT)

- 13 **Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.**
- 14 **State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**

compatible with the purpose for which the records were collected. F. Records may be disclosed to an IHS contractor, including tribal contractors, for the purpose of computerized data entry or maintenance of records contained in this system. The contractor shall be required to maintain Privacy Act safeguards with respect to the receipt and processing of such records.

The data is collected via. web-based applications from scholarship applicants and job candidates. Subjects are notified by various messages displayed on the web page. A privacy statement is posted on the site to notify subjects about how their information is handled.

No information is collected in IHSNET on the Internet.



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OPDIV: IHS System Name: IHSNET (IOAT)

15 Describe how the information will be secured.

Policies and procedures are in place to ensure access, to include physical access, to data and equipment is controlled according to operational requirements, personal clearances, and data sensitivity. Policies provide for periodic evaluation of threats and vulnerabilities to ensure risks are known and appropriate safeguards are implemented. Policies also delineate data backup, contingency operations, incident handling, information storage, sharing, and transmission / transportation, malicious software protection, logging and audit, training, sanctions, disclosure, and personnel security requirements to ensure the confidentiality, integrity, and availability of the web servers and associated data. Each facility is responsible for conducting risk management processes and applying policies and procedures accordingly. Electronic and other personal data storage media, and associated computer equipment are stored in areas where fire and life safety codes are strictly enforced. Telecommunication equipment (computer terminal, modems and disks) are maintained in access controlled rooms during nonworking hours. Combinations on door locks are changed periodically and whenever an employee resigns, retires or is reassigned. Within each facility a list of personnel or categories of personnel having a demonstrable need for the records in the performance of their duties has been developed and is maintained. Procedures have been developed and implemented to review one-time requests for disclosure to personnel who may not be on the authorized user list. Proper charge-out procedures are followed for the removal of all records from the area in which they are maintained. Persons who have a need to know are entrusted with records from this system of records and are instructed to safeguard the confidentiality of these records. They are to make no further disclosure of the records except as authorized by the system manager and permitted by the Privacy Act, and to destroy all copies or to return such records when the need to know has expired. Procedural instructions include the statutory penalties for noncompliance. A profile of automated systems security is maintained. Security clearance procedures for screening individuals, both Government and contractor personnel, prior to their participation in the design, operation, use or maintenance of IHS automated information systems are implemented. The use of current passwords and log-on codes are required to protect sensitive automated data from unauthorized access. Such passwords and codes are changed periodically. An automated audit trail is maintained. Privacy Act requirements and specified Automated Information System security provisions are specifically included in contracts and agreements and the system manager or his/her designee oversee compliance with these contract requirements.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: IHSNET (IOAT)

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| 16 Describe plans for retention and destruction of data collected. | Policies and procedures are in place to ensure stored and transmitted / transported data are protected commensurate with their sensitivity. Policies and procedures are in place to ensure data are properly destroyed according to their sensitivity. Disposal methods include burning or shredding of hard copy and shredding or erasing of electronic media. |
| 17 Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained. | N/A |
| 18 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date): | |
| 19 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date): | |
| 20 The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date): | |

HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: NPIRS

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-10-27
2 HHS Agency (OPDIV):	Indian Health Service
3 Title of System or Information Collection:	National Patient Information Resource System (NPIRS)
4 Is this System or Information Collection new or is an existing one being modified?	An existing one being modified.
5 Unique Project Identifier Number:	00917012001102000402124
6 System of Records Number:	N/A
7 OMB Information Collection Approval Number and Expiration Date :	N/A
8 Other Identifying Number(s):	N/A



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: NPIRS

- 9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.

The IHS is the Operating Division (OPDIV) within HHS charged with administering the principal health program for the eligible American Indian/Alaska Native (AI/AN) population. The IHS provides comprehensive health services through its IHS Direct, Tribal, and Urban (I/T/U) system of facilities and programs. The role of NPIRS is the centralized, all-encompassing resource in support for local, regional and national data accessibility, with the availability of timely feedback and input. Distributed computing and related client/server database technologies continue to increase in popularity and require pervasive, reliable networking and capacity management. The role of NPIRS will change, as it becomes specialized "servers" on the IHS network. Ongoing support for local, regional and national data accessibility, with the availability of timely feedback and input, will continue to be essential to the provision of improved health care. Reengineering will intimately involve users in system development projects, and end user tools will provide them with technological support for accessing, analyzing, and manipulating information. Public Law 100-713, Indian Health Care Amendments of 1988, Title VI, Section 602 titled Automated Management Information System mandates that the Indian Health Service establish an automated management information system that shall include: Financial Management System (FMS) Patient care information system for each Area served by the IHS Privacy component that protects the privacy of patient information held by, or on behalf of, the IHS Services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each IHS Area Office. In addition, P.L. 100-713 mandates that the Secretary provide automated management information systems to each Indian tribe and tribal organization that provides health services under a contract entered into with the IHS under the Indian Self-Determination Act. These systems must meet the management information needs of these Indian tribes or tribal organizations with respect to the treatment of IHS patients as well as meet the information needs of IHS.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: NPIRS

10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

The IHS has its own program information systems to collect data on the services provided by the I/T/Us. The software used by IHS facilities and most tribal facilities is the Resource and Patient Management System (RPMS). Data are collected for each inpatient discharge, ambulatory medical visit, and dental visit (all patient specific) and for community health service programs including health education, community health representatives, environmental health, nutrition, public health nursing, mental health and social services, and substance abuse (all activities reporting systems). The aggregated data is used primarily for statistical analysis and reporting to Congress. The PCC data are the source of most of IHS' GPRA measures since they reflect prevention activities and morbidity and do not have the time lags described previously for mortality data.

11 Explain why the information is being collected.

This project is necessary for the implementation and expansion of budget and performance integration in the Indian Health Service. The NPIRS data can be used for cost reporting and workload verification. This project supports the storage and analysis of clinical/administrative patient information and elements (e.g., work load, user populations, etc.).

12 Identify with whom the agency will share the collected information

The information is shared back to the customers in support of their regional programs. Information (i.e., statistical, patient demographic, facility or institutional, medical, research, education, disease management, eligibility, etc.) is shared with internal IHS agencies and external organizations with approvals from IHS/OPS and HIPAA.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: NPIRS

- 13 Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

The patient-specific clinical data are collected through the RPMS' Patient Care Component (PCC), the distributed clinical data repository. Each I/T/U that utilizes PCC has a facility-level database that contains the detailed PCC clinical data collected at that site. A subset of the detailed PCC data (to meet the routine information needs of IHS Headquarters) is transmitted to the IHS central database. The IHS has developed software to transmit some of these needed data items to the NPIRS, and work continues to provide a comprehensive data submission record. Since P.L. 94-437 was passed in 1976, the IHS has strived to provide an automated management information system for the IHS and its tribal and urban customers. The system has evolved into today's IHS Resource and Patient Management System (RPMS), a system that collects both clinical and administrative data. Information is generated at the local levels and forwarded to the Areas who in turn send it to the IHS National Data Repository in Albuquerque where it is aggregated for national purposes. Data are collected for each inpatient discharge, ambulatory medical visit, and dental visit (all patient specific) and for community health service programs including health education, community health representatives, environmental health, nutrition, public health nursing, mental health and social services, and substance abuse (all activities reporting systems). The patient-specific clinical data are collected through the RPMS (Patient Care Component (PCC), the distributed clinical data repository. Each I/T/U that utilizes PCC has a facility-level database that contains the detailed PCC clinical data collected at that site. A subset of the detailed PCC data (to meet the routine information needs of IHS Headquarters) is transmitted to the IHS central database. Electronic messaging and web based reporting is provided back to the information suppliers as to the receipt and contents. Consent from the respective regional areas or IHS/OPS and HPIAA approvals are obtained for data sharing. Data sharing is through the guidelines provided by the respective regional office or as outlined in the IHS/OPS documents.

Information will not be collected from children under 13 on the Internet.

- 14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: NPIRS

15 Describe how the information will be secured.

Policies and procedures are in place to ensure access, to include physical access, to data and equipment is controlled according to operational requirements, personal clearances, and data sensitivity. Policies provide for periodic evaluation of threats and vulnerabilities to ensure risks are known and appropriate safeguards are implemented. Policies also delineate data backup, contingency operations, incident handling, information storage, sharing, and transmission / transportation, malicious software protection, logging and audit, training, sanctions, disclosure, and personnel security requirements to ensure the confidentiality, integrity, and availability of NPIRS and associated data. Each facility is responsible for conducting risk management processes and applying policies and procedures accordingly. Electronic and other personal data storage media, and associated computer equipment are stored in areas where fire and life safety codes are strictly enforced. Telecommunication equipment (computer terminal, modems and disks) are maintained in access controlled rooms during nonworking hours. Combinations on door locks are changed periodically and whenever an employee resigns, retires or is reassigned. Within each facility a list of personnel or categories of personnel having a demonstrable need for the records in the performance of their duties has been developed and is maintained. Procedures have been developed and implemented to review one-time requests for disclosure to personnel who may not be on the authorized user list. Proper charge-out procedures are followed for the removal of all records from the area in which they are maintained. Persons who have a need to know are entrusted with records from this system of records and are instructed to safeguard the confidentiality of these records. They are to make no further disclosure of the records except as authorized by the system manager and permitted by the Privacy Act, and to destroy all copies or to return such records when the need to know has expired. Procedural instructions include the statutory penalties for noncompliance. A profile of automated systems security is maintained. Security clearance procedures for screening individuals, both Government and contractor personnel, prior to their participation in the design, operation, use or maintenance of IHS automated information systems are implemented. The use of current passwords and log-on codes are required to protect sensitive automated data from unauthorized access. Such passwords and codes are changed periodically. An automated audit trail is maintained. Only authorized IHS staff may modify automated files in batch mode. Personnel at remote terminal sites may only retrieve automated data. Such retrievals are password protected. Privacy Act requirements and specified Automated Information System security provisions are specifically included in contracts and agreements and the system manager or his/her designee oversee



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: NPIRS

- 16 **Describe plans for retention and destruction of data collected.** compliance with these contract requirements. Retention of data is retained minimally to three years back for User Population reporting in support of Congressional requirements. Additional retention of historical data is maintained to the extent possible in support of data sharing requests. Destruction requirements are detailed in Security Operating Procedure 02-20, titled Media Destruction. Disposition is in line with existing MOUs, MOAs and other agreements, if applicable.
- 17 **Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.** To the extent applicable, section 552a of Title 5, United States Code (the Privacy Act) is the basis of the system of records.
- 18 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):**
- 19 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):**
- 20 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):**



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: RPMS

<u>Question:</u>	<u>Response:</u>
1 Date of this Submission (MM/DD/YYYY):	2003-10-28
2 HHS Agency (OPDIV):	Indian Health Service
3 Title of System or Information Collection:	Resource and Patient Management System (RPMS)
4 Is this System or Information Collection new or is an existing one being modified?	Existing system
5 Unique Project Identifier Number:	009-17-01-20-01-1010-00-110-031
6 System of Records Number:	09-17-0001 IHS Medical Records
7 OMB Information Collection Approval Number and Expiration Date :	N/A
8 Other Identifying Number(s):	N/A
9 Provide an overview of the system or collection and indicate the legislation authorizing this activity.	Categories of individuals covered by the system: Individuals, including both IHS beneficiaries and non beneficiaries, who are examined/treated on an inpatient and/or outpatient basis by IHS staff and/or contract (including tribal contract) health care providers. Authority for maintenance of the system: Section 321 of the Public Health Service Act, as amended, (42 U.S.C. 248), "Hospitals, Medical Examinations and Medical Care." Section 327A of the Public Health Service Act, as amended, (42 U.S.C. 254a-1), "Hospital-Affiliated Primary Care Centers." Indian Self Determination and Education Assistance Act (25 U.S.C. 450). Snyder Act (25 U.S.C. 13). Indian Health Care Improvement Act (25 U.S.C. 1601 et. seq). Construction of Community Hospitals Act (25 U.S.C. 2005-2005f). Indian Health Service Transfer Act (42 U.S.C. 2001-2004).



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: RPMS

10 Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

A. Health and medical records containing: Examination, diagnostic and treatment data, proof of IHS eligibility, social data such as name, address, date of birth, Social Security Number, tribe; case records for special programs such as: Dental, social service, mental health, nursing; and laboratory test results. B. Follow-up registers of individuals with specific health conditions or a particular health status such as: Tumors, communicable diseases, hospital commitment, suspected and confirmed physical child abuse and neglect, immunizations, self-destructive behavior, or handicap. C. Logs of individuals provided health care by staffs of specific hospital components such as: Surgery, emergency, obstetric delivery, x-ray and laboratory. D . Operation and/or disease indices for particular hospitals which list each relevant patient by the operation or disease. E. Monitoring strips and tapes such as fetal monitoring strips and EEG and EKG tapes. F. Third-party reimbursement records containing name, address, date of birth, date of admission and Medicare or Medicaid claim numbers, SSN, health plan name, insurance number, employment status, and other relevant claim information necessary to process and validate third-party reimbursement claims.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: RPMS

11 Explain why the information is being collected.

A. To provide a description of a patient's illness, the treatment administered and results achieved, and to plan for future care of the patient. B. To provide IHS program officials with statistical data upon which the health care program is evaluated and modified to meet future needs. C. To serve as a means of communication among members of the health care team who contribute to the patient's care by integrating information from field visits with that from IHS facilities which have provided treatment. D. To serve as the official documentation of health care rendered. E. To contribute to continuing education of IHS staff to improve their competency to deliver health care services. F. For disease surveillance purposes. For example: 1) The Centers for Disease Control and Prevention may use these records for their monitoring of various communicable diseases among persons residing within the United States; and, 2) The National Institutes of Health may use these records for their review of the prevalence of particular diseases (i.e., malignant neoplasms, diabetes mellitus, arthritis, metabolism and digestive diseases) for various ethnic groups of the Nation. G. To compile and provide aggregated program statistics. Upon request of other components of the Department, IHS will provide statistical information, from which individual identifiers have been removed, such as: 1) To the National Center for Health Statistics, for its dissemination of aggregated health statistics for various ethnic groups; 2) To the Assistant Secretary for Public Affairs to keep a record of the number of sterilizations provided through the use of Federal funds; 3) To the Centers for Medicare & Medicaid Services for the documentation of IHS health care covered by the Medicare and Medicaid programs for third-party reimbursement; and 4) To the American Indian/Alaska Native section, Centers for Medicare & Medicaid Services, to determine the prevalence of end-stage renal disease among the American Indian and Alaska Native population and to coordinate the care of American Indian and Alaska Native patients with this condition. H. To process and collect third-party claims. I. To improve the IHS national patient care database through obtaining and verifying patients' SSNs with the Social Security Administration.



HHS Privacy Impact Assessment (PIA) Summary

OPDIV: IHS System Name: RPMS

12 Identify with whom the agency will share the collected information

A. Records may be disclosed to State, local or other authorized organizations which provide health services to American Indians and Alaska Natives, or provide third-party reimbursement or fiscal intermediary functions, for the purpose of planning for or providing such services, billing or collecting third-party reimbursements and reporting results of medical examination and treatment. B. Records may be disclosed to Federal and non-Federal school systems which serve American Indians and Alaska Natives for the purpose of student health maintenance. C. Records may be disclosed to organizations deemed qualified by the Secretary to carry out quality assessment, medical audits, utilization review or to provide accreditation or certification of health care facilities or programs. D. Records may be disclosed to authorized organizations, such as the United States Office of Technology Assessment, or individuals for conduct of analytical and evaluation studies sponsored by the IHS. E. Records may be disclosed to a congressional office in response to an inquiry from that office made at the request of the subject individual. F. A record may be disclosed for a research purpose, when the Department: 1) Has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained; 2) Has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring; 3) Has required the recipient to

- a. establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, and b. remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information, and c. make no further use or disclosure of the record except
- i. in emergency circumstances affecting the health or safety of any individual, ii. for use in another research project, under these same conditions, and with written authorization of the Department, iii. for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or iv. when required by law; d. Has secured a written statement attesting to the recipient's understanding of, and willingness to abide by these provisions. G. The IHS health care providers may disclose information from these records regarding the commission of crimes or the occurrence of communicable diseases, tumors, suspected child abuse, births, deaths, alcohol or drug abuse, etc., as required by



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Federal law or regulation or State or local law or regulation of the jurisdiction in which the facility is located. Disclosure may be made to organizations as specified by the law or regulation, such as births and deaths to State or local health departments, and crimes to law enforcement agencies. In federally conducted or assisted alcohol or drug abuse programs, the disclosure of the contents of records which pertain to patient identity, diagnosis, prognosis or treatment of alcohol or drug abuse is restricted under 42 CFR part 2; e.g., disclosure of patient information on alcohol and drug abuse for purposes of criminal investigation generally must be authorized by court order issued under 42 CFR 2.65 except that reports of suspected child abuse may be made to the appropriate State or local authorities under State law. H. The IHS health care providers may disclose information from these records regarding suspected cases of child abuse to: a. Agencies of any Indian tribe, any State or the Federal Government that need to know the information in the performance of their duties, and b. members of community child protection teams of the purpose of establishing a diagnosis, formulating a treatment plan, monitoring the plan, investigation reports of suspected child abuse, and making recommendations to the appropriate court. Community child protection teams are comprised of representatives of: Tribes, the Bureau of Indian Affairs, child protection service agencies, the judicial system(s) (local, State and/or tribal, law enforcement agencies and IHS). c. In federally conducted or assisted alcohol or drug abuse programs, the disclosure to the contents of records which pertain to patient identity, diagnosis, prognosis, or treatment of alcohol or drug abuse is restricted under 42 CFR part 2; e.g., disclosure of patient information on alcohol or drug abuse for purposes of criminal investigation generally must be authorized by court order issued under 42 CFR 2.65 except that reports of suspected child abuse by be made to the appropriate State or local authorities under State law. I. The Department may disclose information from this system of records to the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when: a. HHS, or any component thereof; or b. Any HHS employee in his or her official capacity; or c. Any HHS employee in his or her individual capacity where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or d. The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is a party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party, provided, however, that in each case, HHS determines that such disclosure is compatible with



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the purpose for which the records were collected. J. Records may be disclosed to the Bureau of Indian Affairs and its contractors for the identification of American Indian and Alaska Native handicapped children to permit that Bureau to carry out the Education for All Handicapped Children Act of 1975 (20 U.S.C. 1401 et seq.). K. Records may be disclosed to an IHS contractor, including tribal contractors, for the purpose of computerized data entry or maintenance of records contained in this system. The contractor shall be required to maintain Privacy Act safeguards with respect to the receipt and processing of such records. L. Records may be disclosed to a health care provider under contract to IHS (including tribal contractors) to permit the contractor to obtain health and medical information about the subject individual in order to provide appropriate health services to that individual. The contractor shall be required to maintain Privacy Act safeguards with respect to the receipt and processing of such records. M. Records may be disclosed to the State of Alaska, Department of Health and Social Services (DHSS) (which supplies part or all of this information to IHS), in response to its request for patient summaries, portions of immunization registers, disease indices and other computer generated medical summaries. This information assists DHSS in its provision of health care to the subject individual. Disclosure to the State of Alaska's DHSS is limited to information concerning its patients. N. Disclosures regarding specific medical services may be made from the records of a minor patient to the minor's parent or legal guardian who previously consented to those specific medical services. O. PHS may inform the sexual and/or needle-sharing partner(s) of a subject individual who is infected with the human immunodeficiency virus (HIV) of their exposure to HIV, under the following circumstances: a. The information has been obtained in the course of clinical activities at PHS facilities carried out by PHS personnel or contractors; b. The PHS employee or contractor has made reasonable efforts to counsel and encourage the subject individual to provide the information to the individual's sexual or needle-sharing partner(s); c. The PHS employee or contractor determines that the subject individual is unlikely to provide the information to the sexual or needle-sharing partner(s) or that the provision of such information cannot reasonably be verified; and d. The notification of the partner(s) is made, whenever possible, by the subject individual's physician or by a professional counselor and shall follow standard counseling practices. e. PHS may disclose information to State or local public health departments, to assist in the notification of the subject individual's sexual and/or needle-sharing partner(s), or in the verification that the subject individual has, notified such sexual or needle-sharing partner(s). P. Records may be disclosed to student volunteers, individuals working under a personal services



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- 13 **Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.**

contract, and other individuals performing functions for PHS who do not technically have the status of agency employees, if they need the records in the performance of their agency functions.

A. New patients must be registered in the IHS facility data base prior to being provided health care services; however, emergency services should not be delayed. Information on patients who present a critical emergency that requires immediate medical attention must be obtained from the patient's relative or other accompanying individual. Each patient's IHS registration information is updated on each subsequent visit to the facility by personal interview conducted by a designated IHS facility staff member. The patient registration process at each IHS facility is accomplished by using the IHS Patient Registration System (PRS) software and the technical guidelines in Chapter 2, "Patient Registration" of the IHS Business Office Manual. B. The service unit has the responsibility to encourage all patients who are registered to present any documentation they might have relative to their eligibility-for IHS health care services and alternate resources. These documents will greatly assist in maintaining accurate patient information in the PRS data base. C. Patients are requested to bring their Social Security card, private insurance identification, and other information (such as proof of tribal affiliation and blood quantum) to initial or subsequent patient registration interviews. Registration staff explains to the patients that such information will expedite the patient registration and eligibility determination process. Patients' mailing addresses and personal information files are kept updated so that all health care benefits can be identified and expedited, and be utilized by the health care provider. D. All IHS staff are sensitive to IHS patients cultural values and concerns for privacy. Patient registration is a vital part of each IHS facility's public relations program and patient registration staff receive continuous management support for maintaining skills in communicating with the patients and assuring the patients' comfort during the interview process. E. Confidentiality of patient information collected is maintained at all times in accordance with the Privacy Act of 1974. The registration staff periodically reviews the Privacy Act. The registration staff informs the patient of the requirements of the Privacy Act, and the date is entered into the PRS. F. The patient must authorize release of Medicare/Railroad Insurance information, and the date the authorization was obtained is entered into the PRS by registration staff.



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14 State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)

No information is collected in RPMS on the Internet.

15 Describe how the information will be secured.

Magnetic tapes, disks, other computer equipment and other forms of personal data are stored in areas where fire and life safety codes are strictly enforced. Telecommunication equipment (computer terminal, modems and disks) of the RPMS are maintained in locked rooms during nonworking hours. Combinations on door locks are changed periodically and whenever an employee resigns, retires or is reassigned. Within each facility a list of personnel or categories of personnel having a demonstrable need for the records in the performance of their duties has been developed and is maintained. Procedures have been developed and implemented to review one-time requests for disclosure to personnel who may not be on the authorized user list. Proper charge-out procedures are followed for the removal of all records from the area in which they are maintained. Persons who have a need to know are entrusted with records from this system of records and are instructed to safeguard the confidentiality of these records. They are to make no further disclosure of the records except as authorized by the system manager and permitted by the Privacy Act, and to destroy all copies or to return such records when the need to know has expired. Procedural instructions include the statutory penalties for noncompliance. A profile of automated systems security is maintained. Security clearance procedures for screening individuals, both Government and contractor personnel, prior to their participation in the design, operation, use or maintenance of IHS automated information systems are implemented. The use of current passwords and log-on codes are required to protect sensitive automated data from unauthorized access. Such passwords and codes are changed periodically. An automated audit trail is maintained. Only authorized IHS staff may modify automated files in batch mode. Personnel at remote terminal sites may only retrieve automated data. Such retrievals are password protected. Privacy Act requirements and specified Automated Information System security provisions are specifically included in contracts and agreements and the system manager or his/her designee oversee compliance with these contract requirements.



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- 16 **Describe plans for retention and destruction of data collected.** Patient listings which may identify individuals are maintained in IHS Area and Program Offices permanently. Inactive records are held at the facility which provided health services from three to seven years and then are transferred to the appropriate Federal Records Center. Monitoring strips and tapes (i.e., fetal monitoring strips and EEG and EKG tapes) which are not stored in the patient's official medical record, are stored at the health facility for one year and are then transferred to the appropriate Federal Records Center. (See Appendix 2 for Federal Record Center addresses). Records, including those maintained on computer media are retained in useable formats at the Regional Federal Records Centers for 25 years. Disposal methods include burning or shredding of hard copy and erasing of magnetic media.
- 17 **Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.**
- 18 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the OPDIV Privacy Contact (Sign and Date):**
- 19 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency Head (sign and date):**
- 20 **The Privacy Analysis Worksheet and PIA Summary have been reviewed and endorsed by the Agency CIO (sign and date):**

