




Copy PIA (Privacy Impact Assessment)

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Instructions


Review the following steps to complete this questionnaire:

- 1) Answer questions.** Select the appropriate answer to each question. Question specific help text may be available via the  icon. If your answer dictates an explanation, a required text box will become available for you to add further information.
- 2) Add Comments.** You may add question specific comments or attach supporting evidence for your answers by clicking on the  icon next to each question. Once you have saved the comment, the icon will change to the  icon to show that a comment has been added.
- 3) Change the Status.** You may keep the questionnaire in the "In Process" status until you are ready to submit it for review. When you have completed the assessment, change the Submission Status to "Submitted". This will route the assessment to the proper reviewer. Please note that all values list questions must be answered before submitting the questionnaire.
- 4) Save/Exit the Questionnaire.** You may use any of the four buttons at the top and bottom of the screen to save or exit the questionnaire. The button allows you to complete the questionnaire. The button allows you to save your work and close the questionnaire. The button allows you to save your work and remain in the questionnaire. The button closes the questionnaire without saving your work.

Acronyms

ATO - Authorization to Operate
CAC - Common Access Card
FISMA - Federal Information Security Management Act
ISA - Information Sharing Agreement
HHS - Department of Health and Human Services
MOU - Memorandum of Understanding
NARA - National Archives and Record Administration
OMB - Office of Management and Budget
PIA - Privacy Impact Assessment
PII - Personally Identifiable Information
POC - Point of Contact
PTA - Privacy Threshold Assessment
SORN - System of Records Notice
SSN - Social Security Number
URL - Uniform Resource Locator

General Information

PIA Name:	CDC - NHSN2 - QTR1 - 2024 - CDC8016459	PIA ID:	1818447
Name of Component:	CDC - National Healthcare Safety Network (Cloud)	Name of ATO Boundary:	National Healthcare Safety Network (Cloud)
Overall Status:		PIA Queue:	
Submitter:		# Days Open:	106
Submission Status:	Re-Submitted	Submit Date:	5/31/2024
Next Assessment Date:	N/A	Expiration Date:	6/20/2027
Office:		OPDIV:	CDC
Security Categorization:	Moderate	OpDiv PIA ID:	CDC8016459
Legacy PIA ID:		Make PIA available to Public?:	Yes
1:	Identify the Enterprise Performance Lifecycle Phase of the system.		Operations and Maintenance
2:	Is this a FISMA-Reportable system?		Yes
3:	Does the system have or is it covered by a Security Authorization to Operate (ATO)?		No
4:	ATO Date or Planned ATO Date.		7/1/2024
5:	Is the system or electronic information collection, agency or contractor operated?		Agency

PTA

PTA		
PTA - 2:	Indicate the following reason(s) for this PTA. Choose from the following options.	
PTA - 2A:	Describe in further detail any changes to the system that have occurred since the last PIA.	The National Healthcare Safety Network (Cloud) (NHSN2) is a cloud-based system that is being migrated from the National Healthcare Safety Network (NHSN) on-prem system, which has an approved PIA. Migration to the cloud is a significant system management change which will result in new privacy risks.
PTA - 3:	Is the data contained in the system owned by the agency or contractor?	Agency

PTA - 4:

Please give a brief overview and purpose of the system by describing what the functions of the system are and how the system carries out those functions.

The National Healthcare Safety Network (Cloud) (NHSN2) is a cloud-based system migrated from the National Healthcare Safety Network (NHSN) system. The major purpose of NHSN2 is to equip participating healthcare facilities to enter data associated with healthcare safety events, such as surgical site infections, anti-microbial use and resistance, bloodstream infections, and healthcare worker vaccinations. NHSN2 provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc.). Participating NHSN2 healthcare facilities can access web-based screens that allow them to enter data associated with healthcare safety events. These data are captured in a relational database at the CDC. Participants can then use NHSN2 analysis tools to generate reports that are displayed on their web browser.

NHSN2 addresses data collection from healthcare facilities to permit valid estimation of adverse events among patients or residents and healthcare personnel. Similarly, it provides facilities with risk-adjusted metrics that can be used for inter-facility comparisons and local quality improvement activities. NHSN2 also allows for the opportunity of collaborative research studies with participating facilities that describe the epidemiology of emerging health care-associated infections (HAIs) and pathogens, assess the importance of potential risk factors, further characterize HAI pathogens and their mechanisms of resistance, and evaluate alternative surveillance and prevention strategies. The NHSN2 Agreement ensures compliance with legal requirements – including state or federal laws, regulations, or other requirements – for mandatory reporting of facility-specific adverse event, prevention practice adherence, and other public health data. NHSN2 enables healthcare facilities to report data to the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (DHHS) in fulfillment of CMS's quality measurement reporting requirements for those data.

Considering the Coronavirus Disease (COVID-19) Pandemic, CDC created the capability for COVID-19 surveillance in NHSN2, enabling data collection reported by Long-Term Care Facilities (LTCFs) and Outpatient Dialysis Facilities. This data is reported through different pathways within the NHSN2 COVID-19 Modules for LTCFs and Outpatient Dialysis Facilities.

PTA - 5:

List and/or describe all the types of information that are collected (into), maintained, and/or shared in the system regardless of whether that information is PII and how long that information is stored.

The type of information the NHSN2 system collects is described below:

Patients: Patient identification number (may be a medical record number), gender and date of birth. For some patients, birth weight is required.

Healthcare workers: Healthcare worker identification number, gender, date of birth, work location, and occupation.

Facilities: Facility name, address, county, city, state, zip code, telephone number, identifying number (i.e., CMS provider number and/or American Hospital Association identification number and/or Veterans Administration station code), type, ownership category, affiliation with a medical school (y/n), and bed-size characteristics.

Users: Name, address (if different from facility), telephone number, and email address.

Optional information that may be reported to NHSN2:

Patients: Social security number, secondary identification number, name, ethnicity, and race.

Healthcare workers: Name, address, work and home phone numbers, email address, born in United States (y/n), ethnicity, race, and date of employment.

Users: Fax number, pager number, and title.

NHSN2 external users are authenticated through CDC Secure Access Management System (SAMS), which is covered by a separate Privacy Impact Assessment (PIA). NHSN2 internal users access the system via Active Directory (AD) which is a separate system covered by its own PIA.

PTA - 5A:

Are user credentials used to access the system?

PTA - 5B:

Please identify the type of user credentials used to access the system.

PTA - 6:	Describe why all types of information is collected (into), maintained, and/or shared with another system. This description should specify what information is collected about each category of individual.	<p>It is mandatory for healthcare facilities to consent to an array of requirements to participate in NHSN2 in order to ensure that all parties are compliant with legal requirements- including state and federal laws and regulations surrounding sensitive patient, hospital and healthcare provider information.</p> <p>Data listed in PTA 5 is used by CDC for improving and tracking public health; by CMS for public reporting, payment, and regulatory programs; by Facilities, Systems, and Collaboratives for improving care; and by States and local health departments and Hospital Associations for public health safety reporting. The data is used to provide state and local health departments with information that identifies the facilities in their state that participate in NHSN2 and to provide to state and local health departments, at their request, facility-specific, NHSN2 data for surveillance, prevention, or mandatory public reporting. Any U.S. healthcare institution including hospitals, outpatient centers, and Long-Term Care Facilities (LTCF) may enroll in NHSN2 provided they have access to the Internet. The NHSN2 Registration server provides healthcare administrators with a way to register their facility in NHSN2. After registering their facility, they will be given instructions on how to get a digital certificate and begin using the main NHSN2 application. This registration application also provides a way for users to accept the NHSN2 Rules of Behavior before accessing the main NHSN2 application.</p>
PTA - 7:	Does the system collect, maintain, use or share PII?	Yes
PTA - 7A:	Does this include Sensitive PII as defined by HHS?	Yes
PTA - 8:	Does the system include a website or online application?	Yes
PTA - 8A:	Are any of the URLs listed accessible by the general public (to include publicly accessible log in and internet websites/online applications)?	No
PTA - 9:	Describe the purpose of the website, who has access to it, and how users access the web site (via public URL, log in, etc.). Please address each element in your response.	NHSN2 website is used to send/receive https requests/responses from users. Only NHSN2 users have access to the NHSN2 web application.
PTA - 10:	Does the website have a posted privacy notice?	Yes
PTA - 11:	Does the website contain links to non-federal government websites external to HHS?	No
PTA - 11A:	Is a disclaimer notice provided to users that follow external links to websites not owned or operated by HHS?	
PTA - 12:	Does the website use web measurement and customization technology?	Yes
PTA - 12A:	Select the type(s) of website measurement and customization technologies in use and if it is used to collect PII.	Session Cookies - Does Not Collect PII
PTA - 13:	Does the website have any information or pages directed at children under the age of thirteen?	No
PTA - 13A:	Does the website collect PII from children under the age thirteen?	

PTA - 13B:	Is there a unique privacy policy for the website and does the unique privacy policy address the process for obtaining parental consent if any information is collected?	
PTA - 14:	Does the system have a mobile application?	No
PTA - 14A:	Is the mobile application HHS developed and managed or a third-party application?	
PTA - 15:	Describe the purpose of the mobile application, who has access to it, and how users access it. Please address each element in your response.	
PTA - 16:	Does the mobile application/ have a privacy notice?	
PTA - 17:	Does the mobile application contain links to non-federal government websites external to HHS?	
PTA - 17A:	Is a disclaimer notice provided to users that follow external links to resources not owned or operated by HHS?	
PTA - 18:	Does the mobile application use measurement and customization technology?	
PTA - 18A:	Describe the type(s) of measurement and customization technologies or techniques in use and what information is collected.	
PTA - 19:	Does the mobile application have any information or pages directed at children under the age of thirteen?	
PTA - 19A:	Does the mobile application collect PII from children under the age thirteen?	
PTA - 19B:	Is there a unique privacy policy for the mobile application and does the unique privacy policy address the process for obtaining parental consent if any information is collected?	
PTA - 20:	Is there a third-party website or application (TPWA) associated with the system?	No
PTA - 21:	Does this system use artificial intelligence (AI) tools or technologies?	No

PIA

PIA

PIA - 1:	Indicate the type(s) of personally identifiable information (PII) that the system will collect, maintain, or share.	<ul style="list-style-type: none"> Social Security Number Name Email Address Phone numbers Certificates Date of Birth Mailing Address Medical Records Number Employment Status Other - Free text Field - Birth weight; Ethnicity and Race; Work Identification Number; Titles; Gender
PIA - 2:	Indicate the categories of individuals about whom PII is collected, maintained or shared.	<ul style="list-style-type: none"> Business Partners/Contacts (Federal, state, local agencies) Employees/ HHS Direct Contractors Patients Members of the public Vendors/Suppliers/Third-Party Contractors (Contractors other than HHS Direct Contractors)

PIA - 3:	Indicate the approximate number of individuals whose PII is maintained in the system.	Above 2000
PIA - 4:	For what primary purpose is the PII used?	Data from NHSN2 is used for tracking of healthcare-associated infections, antibiotic use and resistance, and surveillance of COVID-19.
PIA - 5:	Describe any secondary uses for which the PII will be used (e.g. testing, training or research).	Data from NHSN2 is also used as a guide for infection prevention activities that protect patients.
PIA - 6:	Describe the function of the SSN, Truncated SSN, and/or Taxpayer ID.	SSNs are vital to the overall operation of NHSN2 because hospitals whose data is entered into NHSN2 may use NHSN2 to track a patient by SSN. Also state public health officials who have been granted access to the data in their state by their constituent hospitals may require access to patient SSNs. The state of Pennsylvania for example requires by law the reporting of Healthcare Associated Infections using NHSN2 and as part of the state mandate requires the records to be identified by SSNs. This allows Pennsylvania to download data from NHSN2 about patients in their state and link that data to payment information.
PIA - 6A:	Cite the legal authority to use the SSN, Truncated SSN, and/or Taxpayer ID.	E.O. 9397, November 22, 1943 (as Amended by E.O. 13478, 18 November 2008)
PIA - 7:	Identify legal authorities governing information use and disclosure specific to the system and program.	Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)). 5 U.S.C. 301, 40 U.S.C. 486(c).
PIA - 8:	Are records in the system retrieved by one or more PII data elements?	Yes
PIA - 8A:	Please specify which PII data elements are used to retrieve records.	Following PII data elements are used to retrieve records: Social Security Number, Name, E-Mail Address, Phone Numbers, Medical Notes, Certificates, Date of Birth, Mailing Address, Medical Records Number, Employment Status, Ethnicity and Race.
PIA - 8B:	Provide the number, title, and URL of the Privacy Act System of Records Notice (SORN) that is being used to cover the system or indicate whether a new or revised SORN is in development.	09-20-0136: Epidemiologic Studies and Surveillance of Disease Problems. HHS/CDC. https://www.hhs.gov/foia/privacy/sorns/09200136/index.html 09-90-2001: Records Used for Surveillance and Study of Epidemics, Preventable Diseases and Problems https://www.federalregister.gov/documents/2020/07/20/2020-15564/privacy-act-of-1974-system-of-records

PIA - 9:	Identify the sources of PII in the system.	<p>Directly from an individual about whom the information pertains</p> <ul style="list-style-type: none"> Online Government Sources <ul style="list-style-type: none"> Within the OPDIV State/Local/Tribal Other Federal Entities Non-Government Sources <ul style="list-style-type: none"> Members of the Public Other
PIA - 10:	Is there an Office of Management and Budget (OMB) information collection approval number?	Yes
PIA - 10A:	Provide the information collection approval number.	OMB No. 0920-0666
PIA - 10B:	Identify the OMB information collection approval number expiration date.	12/31/2026
PIA - 10C:	Explain why an OMB information collection approval number is not required.	N/A
PIA - 11:	Is the PII shared with other organizations outside the system's Operating Division?	Yes
PIA - 11A:	Identify with whom the PII is shared or disclosed.	<ul style="list-style-type: none"> Other Federal Agency/Agencies Private Sector State or Local Agency/Agencies Within HHS
PIA - 11B:	Please provide the purpose(s) for the disclosures described in PIA - 11A.	<p>Within HHS: CMS for required COVID-19 reporting and with HHS for COVID-19 pandemic response.</p> <p>Other Federal Agency/Agencies: Federal Emergency Management Agency (FEMA), Administration for Strategic Preparedness and Response (ASPR), and the White House Coronavirus Task Force for pandemic response.</p> <p>Private Sector: Some corporate healthcare entities and quality improvement organizations have access to PII for purposes of surveillance and prevention with the consent from individual facilities.</p> <p>State or Local Agency/Agencies: Select Healthcare facilities in the U.S. These facilities may track a patient using SSN. Specifically Pennsylvania requires by law the reporting of healthcare associated infections using NHSN and as part of the state mandate requires the records to be identified by SSNs. State, local, and territorial health departments access PII for purposes of surveillance and response.</p>

<p>PIA - 11C:</p>	<p>List any agreements in place that authorizes the information sharing or disclosure (e.g., Computer Matching Agreement (CMA), Memorandum of Understanding (MOU), or Information Sharing Agreement (ISA)).</p>	<p>Information and the NHSN Data Use Agreement document can be found at https://www.cdc.gov/nhsn/about-nhsn/dua.html</p> <p>Each state or local jurisdiction has requested access to different data—you can read each state’s specifics by clicking on the state at https://www.cdc.gov/healthcare-associated-infections/programs/. Each facility can only see it’s own data.</p> <p>Health Departments (HD) with NHSN DUAs: Chicago Department of Public Health Harris County Health Department Houston Health Department Los Angeles County Department of Public Health Maricopa County Department of Public Health (Phoenix, AZ) New York City DOH & Mental Hygiene Southern Nevada Health District San Diego (County of San Diego Health & Human Services Agency) Orange County Health Department Arizona Department of Health Services Florida Department of Health Idaho Department of Health and Welfare Indiana State Department of Health Kansas Department of Health and Environment Kentucky Department of Public Health Louisiana Department of Health, Infectious Disease Epidemiology Section Minnesota Department of Health ("MDH") Montana Department of Public Health and Human Services Nevada Division of Public and Behavioral Health New York State Department of Health North Dakota Department of Health Ohio Department of Health South Dakota Department of Health Texas Department of State Health Services (TXDSHS) Vermont Department of Health Washington State Dept of Health (Territory) Guam Department of Public Health and Social Services</p>
<p>PIA - 11D:</p>	<p>Describe process and procedures for logging/tracking/accounting for the sharing and/or disclosing of PII. If no process or procedures are in place, please explain why not.</p>	<p>N/A; data in NHSN2 is not collected directly from the individual but rather provided from the facilities. It is the responsibility of the facility and Electronic Health Record (EHR) vendor to notify patients of any data collected on their behalf. Requests from patients for data submitted to NHSN would be tracked by established processes that are specific to that healthcare facility.</p>
<p>PIA - 12:</p>	<p>Is the submission of PII by individuals voluntary or mandatory?</p>	<p>Voluntary</p>
<p>PIA - 12A:</p>	<p>If PII submission is mandatory, provide the specific legal requirement that requires individuals to provide information or face potential civil or criminal penalties.</p>	

PIA - 13:	Describe the method for notifying individuals that their information will be collected and how they can opt-out of the collection or use of their PII. If there is no option to object to the information collection, provide a reason.	N/A; because facilities submit data on behalf of patients. Patients do not submit data directly into NHSN2, but rather NHSN users (facilities) do so on their behalf.
PIA - 14:	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.	Facilities that participate in NHSN2 are responsible for letting individuals know if their PII is being used and as such any concerns regarding this should be directed to the facility.
PIA - 15:	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.	Facilities that participate in NHSN2 are responsible for letting individuals know if their PII is being used and as such any concerns regarding this should be directed to the facility.
PIA - 16:	Describe the process in place for periodic reviews of PII contained in the system to ensure the data's integrity, availability, accuracy and relevancy. Please address each element in your response. If no processes are in place, explain why not.	No umbrella process is in place to ensure the accuracy of the PII contained in the system. Facilities participating in NHSN2 are responsible for the submission and verification of PII in NHSN2.
PIA - 17:	Identify who will have access to the PII in the system.	Users Administrators Developers Contractors Others
PIA - 17A:	Select the type of contractor.	HHS/OpDiv Direct Contractors
PIA - 17B:	Do contracts include Federal Acquisition Regulation (FAR) and other appropriate clauses ensuring adherence to privacy provisions and practices?	Yes
PIA - 18:	Provide the reason why each of the groups identified in PIA - 17 needs access to PII.	Users: Users will have access to the PII in the system for Epidemiologic Analysis. Administrators: Administrators will have access to the PII in the system for data management purposes. Developers: Developers will have access to the PII in the system for NHSN2 Development and Maintenance. Contractors: Direct Contractors with Personal Identity Verification (PIV) cards need access to perform Epidemiologic Analysis. Others: Epidemiologic Analysis by approved CDC staff and guest researchers.
PIA - 19:	Describe the administrative procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.	All users must be approved by the Business Steward based on their role, duties and responsibilities prior to gaining access to the data. Role Based Access Control (RBAC) is utilized. The roles are predefined and users are assigned those roles as appropriate.

PIA - 20:	Describe the technical methods in place to allow those with access to PII to only access the minimum amount of information necessary to perform their job.	The least privilege model is utilized to allow those with access to PII to only access the minimum amount of information necessary to perform their job.
PIA - 21:	Identify the general security and privacy awareness training provided to system users (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.	All CDC personnel are required to complete annual Security and Privacy Awareness training.
PIA - 22:	Describe the training system users receive (above and beyond general security and privacy awareness training).	Users are required to acknowledge Rules of Behavior attesting to their understanding of the privacy requirements.
PIA - 23:	Describe the process and guidelines in place with regard to the retention and destruction of PII. Cite specific National Archives and Records Administration (NARA) records retention schedule(s) and include the retention period(s).	CDC Records Control Policy applies. Records are retained and disposed of in accordance with the CDC Records Control Schedule for NHSN2 records. Records are retained for various periods of time depending upon how useful they are considered to be, in accordance with NHSN2 policy. Some records of users may be maintained indefinitely. Disposal methods include burning or shredding hard copy and erasing computer tapes and disks. NHSN2 record schedule adhere to N1-442-09-001, item 1
PIA - 24:	Describe how the PII will be secured in the system using administrative, technical, and physical controls. Please address each element in your response.	<p>Administrative controls include Federal, HHS, and CDC specific Privacy, Risk Assessment, and Incident Management Policies, annual system privacy impact assessments; and mandatory annual security & privacy awareness training.</p> <p>Technical controls include application level role based access controls; encryption of PII at rest and in transit; standard baseline configurations for IT assets; server audit and accountability measures; and continuous monitoring of system resources to identify vulnerabilities and ensure adherence to organizationally defined minimum security requirements. In addition, the system is protected by residing within SAMS and requires each user to have CDC-approved identity proofing in order to access the system.</p> <p>Physical controls surrounding the system's data centers include gated campuses with 24-hour security guards to enforce access restriction; key card access to campus buildings; and access control lists further limiting physical access to sensitive areas such as the data centers.</p>

Review & Comments

Privacy Analyst Review

OpDiv Privacy Analyst Review Status:	Approved	Privacy Analyst Review Date:	6/3/2024
Privacy Analyst Comments:	OpDiv Analyst: Joshua Mosios (Contractor)	Privacy Analyst Days Open:	

SOP Review

SOP Review Status:	Approved	SOP Signature:	
SOP Comments:	Approved on behalf of Beverly Walker	SOP Review Date:	6/4/2024
		SOP Days Open:	4

Agency Privacy Analyst Review

Agency Privacy Analyst Review Status:	Approved	Agency Privacy Analyst Review Date:	6/6/2024
Agency Privacy Analyst Review Comments:	Reviewer: Shanai Shobowale 6/6/2024 Please note that PTA-2 response appear as "Error" and PTA-5A and PTA-5B are blank. However, it is clear that this system is a new system being migrated from an existing system which is clearly stated. While PTA-5A and PTA-5B are blank the access controls are clearly explained in PTA-5. We have noted for CDC to update PTA-2, PTA-5A, and PTA-5B on the next iteration of the PTA. This PIA is ready for SAOP review and approval.	Agency Privacy Analyst Days Open:	2

SAOP Review

SAOP Review Status:	Approved	SAOP Signature:	Archer Signature_Bridget Guenther.docx
SAOP Comments:	Please note that PTA-2 response appear as "Error" and PTA-5A and PTA-5B are blank. However, it is clear that this system is a new system being migrated from an existing system which is clearly stated. While PTA-5A and PTA-5B are blank the access controls are clearly explained in PTA-5. We have noted for CDC to update PTA-2, PTA-5A, and PTA-5B on the next iteration of the PTA.	SAOP Review Date:	6/20/2024
		SAOP Days Open:	14

Supporting Document(s)

Name	Size	Type	Upload Date	Downloads
No Records Found				

Comments

Question Name	Submitter	Date	Comment	Attachment
PIA - 11C	Data Feed Service, piafrmcdc	5/22/2024	I am receiving a "page not found" notice for both web addresses.	
PIA - 1	BLAND, CRYSTAL	6/6/2024	Please note that the response for PTA-2 appears as "Error" and PTA-5A and PTA-5B are blank. Be sure to updates these responses on the next iteration of the PTA.	

Admin Section

Is OpDiv Privacy Analyst Approved ?:	1	Is OpDiv Privacy Analyst Return ?:	0
		Is SOP Return ?:	0
Is Agency Privacy Analyst Approve ?:	1	Is Agency Privacy Analyst Return ?:	0
Is SAOP Approved?:	1	Is SAOP Return ?:	0
Total Approved:	4	Total Return:	0
Total Approval Required:	4		

Miscellaneous Fields

Last Updated:	6/20/2024 8:01 PM	History Log:	View History Log
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