

US Department of Health and Human Services

Privacy Impact Assessment

Date Signed:

03/27/2026

OPDIV:

IHS

Name:

Patient Satisfaction Survey Platform for CAHPS/HCAHPS

PIA Unique Identifier:

P-2089010-367009

The subject of this PIA is which of the following?

General Support System (GSS)

Identify the Enterprise Performance Lifecycle Phase of the system.

Operations and Maintenance

Is this a FISMA-Reportable system?

No

Does the system include a Website or online application available to and for the use of the general public?

Yes

Identify the operator.

Agency

Is this a new or existing system?

New

Does the system have Security Authorization (SA)?

No

Indicate the following reason(s) for updating this PIA.**Describe the purpose of the system.**

The Patient Satisfaction Survey Platform helps the Indian Health Service (IHS) hear directly from patients about their care. It sends surveys, collects answers, and shows the results in easy-to-understand reports. This helps IHS see what is working well and what needs improvement, like wait times, communication, or services. The system also helps IHS meet federal reporting rules for patient satisfaction, including Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). In short, it turns patient feedback into clear information that guides better care and keeps IHS compliant with quality standards.

Describe the type of information the system will collect, maintain (store), or share.

The Patient Satisfaction Survey Platform collects basic information from patients and, sometimes, staff to understand patient experiences. For patients, it collects survey answers, names, contact info, and limited details about their visit. Staff information may include names and job titles to manage surveys. Patient records are linked using PII like name, date of birth, or patient ID. The system

securely stores all responses and contact details, and shares reports internally with IHS to improve care and meet federal reporting rules for CAHPS/HCAHPS. No full medical records are included.

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

The system collects basic patient and staff information to send surveys, track responses, and produce reports. Patient names, contact details, and visit types are used to link survey responses. Staff names may be used for managing surveys. The information is securely stored and only shared as needed to improve care and comply with federal reporting requirements.

Does the system collect, maintain, use or share PII?

Yes

Indicate the type of PII that the system will collect or maintain.

Date of Birth
Name
E-Mail Address
Mailing Address
Phone Numbers
Medical Records Number
Visit Date of Service
Visit Discharge Date
Employee Titles
limited details about their visits

Indicate the categories of individuals about whom PII is collected, maintained or shared.

Employees
Vendor/Suppliers/Contractors
Patients

How many individuals' PII is in the system?

100,000-999,999

For what primary purpose is the PII used?

In the Patient Satisfaction Survey Platform, the primary purpose of PII—like a patient's name, date of birth, contact information, or patient ID—is to connect survey responses to the correct patient and make sure the right people get the survey. This allows IHS to track which patients have responded, follow up if necessary, and organize the results accurately. For staff, PII such as name or job title is used to manage the survey process, like sending reminders, reviewing responses, or generating reports. In simple terms: PII is used to match surveys to the right people and make the survey system work properly, not to share private health information.

Describe the secondary uses for which the PII will be used.

PII is also used to help IHS understand trends, improve care, generate reports, and follow up when necessary, but it is not shared outside IHS or used for unrelated purposes.

Identify legal authorities governing information use and disclosure specific to the system and program.

5 U.S.C. 301, Departmental Regulations; 5 U.S.C. 552a, Privacy Act of 1974; 4 U.S.C. 2901, Federal Records Act; 42 U.S.C. 248, Section 321 of the Public Health Service Act, as amended; 42 U.S.C. 254a, Section 327A of the Public Health Service Act, as amended; 25 U.S.C. 13, Snyder Act; 25 U.S.C. 1601 et seq., Indian Health Care Improvement Act; and 2 U.S.C. 2001-2004, Transfer Act of 1954.

Are records on the system retrieved by one or more PII data elements?

Yes

Identify the number and title of the Privacy Act System of Records Notice (SORN) that is being used to cover the system or identify if a SORN is being developed.

09-17-0001, Medical, Health, and Billing Records Systems

Identify the sources of PII in the system.

Directly from an individual about whom the information pertains

In-Person

Hardcopy

Identify the OMB information collection approval number and expiration date

N/A. This System is exempt from the Paperwork Reduction Act (PRA) as it Routine clinical care within the agency, where information is collected solely to provide services to patients, not for reporting or regulatory purposes.

Is the PII shared with other organizations?

Yes

Identify with whom the PII is shared or disclosed and for what purpose.

Describe any agreements in place that authorizes the information sharing or disclosure.

N/A

Describe the procedures for accounting for disclosures.

The Indian Health Service (IHS) is required to maintain a record every time it shares a patient's personal health information (PHI), noting when the information was shared, what was shared, and why. This requirement applies to disclosures made to business associates, IHS employees who need the information to perform their duties, the patient themselves, federal agencies such as the Department of Health and Human Services when required by law, and other legally authorized disclosures, including those under the Freedom of Information Act or with patient consent. These disclosure records must be kept for at least five years or for as long as the original patient record exists, whichever is longer. Patients have the right to request access to these records to see who has received their information, except for disclosures related to law enforcement under Privacy Act exemptions. If a record is corrected or a note is added due to a patient dispute, IHS must notify anyone who previously received that information, provided a disclosure record exists. To track all disclosures, IHS uses the IHS-505 "Disclosure Accounting Record" form, ensuring that patient information is shared in a safe and legally compliant manner.

Describe the process in place to notify individuals that their personal information will be collected. If no prior notice is given, explain the reason.

Indian Health Manual - Part 2, Chapter 7 - It is IHS policy to provide adequate notice of its uses and disclosures of Protected Health Information (PHI) and of the individual's rights and IHS' legal duties with respect to PHI. A copy of the Notice is provided to new patients, patients whose charts are reactivated, and patients who reach legal age. A copy of the notice is given to the patient upon establishing a record or when requested. The staff member providing the notice has the patient acknowledge receipt of the Notice by signing the Acknowledgment of Receipt of IHS Notice of Privacy Practices. The signed Acknowledgment of Receipt of IHS Notice of Privacy Practices" is filed

into the patient's medical record. The notices are displayed in the facility as well as on IHS website. IHS employees are notified at the time of hire that their Personally Identifiable Information (PII) will be collected and give consent as it is part of the on-boarding process.

Is the submission of PII by individuals voluntary or mandatory?

Voluntary

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.

Indian Health Manual - Part 2, Chapter 7 - It is IHS policy to provide adequate notice of its uses and disclosures of PHI and of the individual's rights and IHS' legal duties with respect to PHI. A copy of the Notice is provided to new patients, patients whose charts are reactivated, and patients who reach legal age. The Patient Registration Office provides a copy of the current Notice to the patient. The staff member has the patient acknowledge receipt of the Notice by signing the Acknowledgment of Receipt of IHS Notice of Privacy Practices. The signed "Acknowledgement of Receipt of IHS Notice of Privacy Practices" is filed into the patient's medical record.

Process to notify and obtain consent from individuals whose PII is in the system when major changes occur to the system.

It is IHS policy to provide adequate notice of its uses and disclosures of PHI/PII and of the individual's rights and IHS' legal duties with respect to PHI/PII. The IHS prominently and clearly displays the Notice in every facility. A copy of the Notice is also provided to new patients, patients whose charts are reactivated, and patients who reach legal age. The Patient Registration Office or other appropriate department provides a copy of the current Notice to the patient. The patient acknowledges receipt of the Notice by signing the Acknowledgment of Receipt of IHS Notice of Privacy Practices. An IHS staff member signs and dates the Acknowledgement form and files the signed "Acknowledgement of Receipt of IHS Notice of Privacy Practices" into the patient's medical record. No less than every three years, IHS provides notification of the availability of the Notice and how to obtain the Notice. If the Notice is revised by a material change, the revised Notice must be posted in clear and prominent locations in every facility and on its web site, on or after the effective date of the revision. The revised Notice will be posted on the IHS website within the 60 days of a material revision. The revised Notice is also given to all patients who come into a facility after the effective date of the revision and is available upon request on or after the effective date of the revision. Additionally, IHS provides the revised notice to all eligible patients registered in the patient registration system within 60 days of the revision of the Notice. Any individual, whether or not a patient, has the right to request and receive a copy of the Notice at any time, except an inmate. Inmates have no rights to the Notice (45 CFR § 164.520 (a)(3)).

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.

According to IHS policy all complaints regarding HIPAA Privacy and Privacy Act violations shall be addressed to the Chief Executive Officer or designee. Complaints must be documented, maintained, and filed, and include a brief explanation of resolution, if any. Note: Individuals may also file complaints directly to the Secretary, Department of Health and Human Services (HHS).

Describe the process in place for periodic reviews of PII contained in the system to ensure the data's integrity, availability, accuracy and relevancy.

The Patient Satisfaction Survey Platform has a process to regularly review the PII it collects to ensure it is accurate, complete, and up to date. This includes checking that patient names, contact information, and survey responses are correct, securely stored, and only used for survey purposes. Reviews are conducted periodically to make sure the information is still relevant for analyzing patient feedback, generating reports, and guiding improvements in care. This helps IHS maintain data integrity, keep information available when needed, and remain compliant with federal quality and reporting standards.

Identify who will have access to the PII in the system and the reason why they require access.

Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.

Indian Health Manual, Part 8, Chapter 21 - Access Control

The Information Technology Access Control (ITAC) supervisors are responsible for submitting appropriate access requests for IHS system users on their team and for reviewing their team members' access. The System Administrator then grants the most restrictive access privileges needed to perform job related roles and responsibilities.

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.

Administrative controls set rules for who can use the system, such as healthcare staff or approved contractors. Physical controls keep the machine and any printed results in secure locations so only those authorized can reach them. Technical controls protect the information inside the machine using passwords, restricted memory, and other built-in security features.

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.

All employees of IHS and direct contractors are required to complete IHS Security Training and Awareness, IHS Information Systems Security Awareness annual training.

Describe training system users receive (above and beyond general security and privacy awareness training).

All employees of IHS and direct contractors are required to complete HIPAA Privacy, HIPAA Security, Privacy Act Basics, and 42 CFR Part 2 training modules on an annual basis.

Do contracts include Federal Acquisition Regulation and other appropriate clauses ensuring adherence to privacy provisions and practices?

Yes

Describe the process and guidelines in place with regard to the retention and destruction of PII.

Records maintained within this system are managed in accordance with General Records Schedule (GRS) 5.2-020, Transitory Records - Temporary. Destroy upon creation or update of the final record, or when no longer needed for business use, whichever is later.

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

Administrative Controls: All personnel who access IT systems which contain protected information have met background investigation criteria for Public Trust positions. All personnel have taken mandatory security and privacy training classes and annual refreshers. Administrative personnel accessing these systems use privileged and separate accounts for administrative access.

Technical Controls: Access controls lists and event logs are maintained and monitored to detect unauthorized, suspicious or malicious activity. Access lists are restricted to approved IT technical personnel. Two factor authentication must be used for access. File integrity and auditing software are employed on hardware.

Physical Controls: The information technology (IT) hardware used to host protected information is located in a secured IHS facility. The facility is only open to authorized personnel whose access is monitored by locking doors with badge readers for both ingress and egress. Each discrete ingress and egress event is logged. The facility is under 24-hour surveillance by facilities security for security and environmental hazards.

Identify the publicly-available URL:

The link provided to patients will be platform specific to each platforms process. All platforms may not provide a link, they may still mail a hard copy survey.

Note: web address is a hyperlink.

Does the website have a posted privacy notice?

No

Does the website use web measurement and customization technology?

No

Does the website have any information or pages directed at children uner the age of thirteen?

No

Does the website contain links to non- federal government websites external to HHS?

Yes

Is a disclaimer notice provided to users that follow external links to websites not owned or operated by HHS?

Yes