

# US Department of Health and Human Services

## Privacy Impact Assessment

**Date Signed:**

07/09/2025

**OPDIV:**

IHS

**Name:**

Thermal Printing System IHS

**PIA Unique Identifier:**

P-1697599-340652

**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?**

No

**Identify the operator.**

Agency

**Is this a new or existing system?**

New

**Does the system have Security Authorization (SA)?**

Yes

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

The Indian Health Service (IHS) seeks to purchase Thermal Label Printers, Software and Technical support from DataRay for labeling of IV medications, blood collection and wristbands to enhance patient care and safety. Data Ray will supply hardware, provide maintenance services, resources, and tools to support successful implementation of a hosted application to enable the hospital accomplish its goals through annual licensing.

This procurement will enable the IHS meet its National Patient Safety Goals and accrediting body safe medication practice standards.

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

Patient's name, chart number, date of birth, medication dosing, blood type, physician, medication direction, name of medication, refills left, route of medication, expiration date, prescription number, lot number are collected.

This information is collected and used in the provision of patient care.

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

The Thermal Printers will be receiving and printing the following information; patient name, date of birth, medical record number, and date of service. It will be receiving data from the Indian Health Service Resource Patient Management System (RPMS). The PII elements are stored in the thermal printer temporarily. The system does not collect or store user credentials.

**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

Medical Records Number

Blood type

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

Patients

**How many individuals' PII is in the system?**

1,000,000 or more

**For what primary purpose is the PII used?**

To identify the patient data link from RPMS.

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

None

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

Departmental Regulations (5 U.S.C.301); Privacy Act of 1974 (5 U.S.C. 552a); Federal Records Act (44 U.S.C. 2901); Section 321 of the Public Health Service Act, as amended (42 U.S.C. 248); Section 327A of the Public Health Service Act, as amended (42 U.S.C. 254a); Snyder Act (25 U.S.C. 13); Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.); Transfer Act of 1954 (42 U.S.C. 2001–2004); HIPAA, HITECH (and subsequent regulations); and 21st Century Cures Act, 42 CFR Part 2. Privacy Act of 1974; Report of Amended or Altered System; Medical, Health and Billing Records System. <https://www.govinfo.gov/content/pkg/FR-2010-01-12/pdf/2010-285.pdf>.

**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 use to cover the system or identify if a SORN is being developed.**

SORN 9-17-0001, Medical, Health, and Billing Records Systems

**Identify the sources of PII in the system.**

Government Sources

Within OpDiv

**Identify the OMB information collection approval number and expiration date**

N/A

**Is the PII shared with other organizations?**

No

**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 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.

HS employees are notified at the time of hire that their 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.**

Not to seek healthcare at Indian Health Services. Opt-out option is not obtaining care and treated at IHS.

**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 (2-7.18) in every facility (<http://www.hipaa.ihs.gov/>). 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)).

IHS employees are notified at the time of hire that their PII will be collected and give consent as it is part of the on-boarding process

**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.**

All complaints are addressed to the Service Unit Chief Executive Officer or (his or her) designee for investigation. Complaints are documented, maintained, and filed, and include a brief explanation of resolution, if any. Note: Complaints may also be filed directly with the Secretary, DHHS.

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

Periodic reviews are performed to ensure compliance with privacy regulations, including Privacy Act, HIPPA and Government Act of 2002, at various time-frames based on area.

**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.**

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.

**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.**

Role-based training, IHS Rules of Behavior agreements, and Information System Security and Privacy Awareness training courses are required to be completed annually by all IHS users.

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

In person orientation and competency on the system; as well as annual HIPAA training

**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 Retention Schedule Number DAA-0513-2014-0003, sequence 0003, titled "Health Records File. Electronic Health Record." cites the Retention Period as follows: Destroy/delete 75 years after last episode of patient care or date of death.

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

Administrative Controls: Privacy policies (IHS.gov Privacy Policy, HIPAA, Privacy Act) -governing how personal information is handled. Data handling procedures - Ensure administrative oversight in data protection and compliance with regulatory frameworks. User education and transparency.

Technical Controls: Active Directory user access control – Manages who can access what and enforces identity verification. Microsoft BitLocker full disk encryption – Encrypts data at rest to prevent unauthorized access.

Physical Controls: Physical access controls in the Albuquerque Data Center (ADC) – Prevent unauthorized entry to the facility."

