


### General Information

<b>PTA / PIA Name:</b>	OS - PIMS - QTR3 - 2025 - OS3095220	<b>PTA / PIA ID:</b>	3984673
<b>Component Name:</b>	OS - OS - OS - Program Information Management System	<b>ATO Boundary Name:</b>	Program Information Management System
<b>Overall Status:</b>	Complete 	<b># of Days - Open:</b>	74
<b>Submitter:</b>		<b>Submit Date:</b>	11/17/2025
<b>Next Assessment Date:</b>	11/27/2028	<b>Expiration Date:</b>	11/27/2028
<b>Office:</b>		<b>OpDiv:</b>	OS
<b>Security Categorization:</b>	Moderate		
<b>Make PIA available to Public?:</b>	No	<b>PIA Required:</b>	Yes
<b>General 01:</b>	Identify the Enterprise Performance Lifecycle Phase of the system.		Operations and Maintenance
<b>General 02:</b>	Is this a FISMA-Reportable system?		Yes
<b>General 03:</b>	Does the system have or is it covered by a Security Authorization to Operate (ATO)?		Yes
<b>General 04:</b>	ATO Date or Planned ATO Date.		8/30/2027
<b>General 05:</b>	Is the system or electronic information collection, agency or contractor operated?		Agency
<b>History Log:</b>	<a href="#">View History Log</a>		

### Privacy Threshold Analysis

#### Privacy Threshold Analysis

<b>PTA 01:</b>	Point of Contact (POC) Name	Hai Lin
<b>PTA 01A:</b>	POC Title and Organization	IPSO, OCR
<b>PTA 01B:</b>	POC Email Address	hai.lin@hhs.gov
<b>PTA 01C:</b>	POC Phone Number	202-774-3028
<b>PTA 02:</b>	Indicate the following reason(s) for this PTA. Choose from the following options.	PIA Validation (PIA Refresh)
<b>PTA 02A:</b>	Describe in further detail any changes to the system that have occurred since the last PIA.	We implemented MFA on 10/06/2023
<b>PTA 03:</b>	Is the data contained in the system owned by the agency or contractor?	Agency

**PTA 04:**

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

The Office for Civil Rights' (OCR) Program Information Management System (PIMS) enables the OCR to electronically administer its processes for receiving complaints from the public and breach notifications from Covered Entities (CE). A CE is a Health Plan, Healthcare Clearing House, Healthcare Provider, Business Associate as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**PTA 05:**

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

Health Information Portability and Accountability Act (HIPAA) & Civil Rights (CR) Complaints -  
Complainant Information - Required fields are name and address; optional fields are phone number, email address, and designating if the filer is filing 'on behalf of' someone else. If the filer is filing for someone (on behalf of), the person filing the complaint is required to provide name of person the complaint is for. Complaint Details - required fields are person or agency complaint is against, address, and brief description of incident; optional fields are phone, violation date(s), upload of supporting documentation. If the complainant uploads documentation that contains Protected Health Information (PHI), the document is stored in a secure folder within the case folder. For CR complaints basis of complaint is also required.  
Additional Information - all fields are optional - list of special accommodations for vision and/or hearing impaired, optional point of contact, previously filed complaint, ethnicity, race, primary language. Signature - agree or decline disclosure of information outside the Department for purposes associated with health information privacy compliance as permitted by law.  
Complaint Consent - consent or consent denied disclosure of complaint information collected to persons at the entity or agency under investigation or other persons, agencies, or entities relevant to the investigation.  
Breach Notifications - Required fields are Name of CE address, Point Of Contact (POC), POC email address, POC phone number. Breach details - required fields are number of individuals effected, start and end date, start and end discovery date, type of breach, location of breach, type of PHI involved, brief description of breach. Action taken - required fields date of individual notice provided, actions taken; optional fields are end date of notice provided, was media notice provided.  
Attestation - required to enter name of person who is attesting to the information provided is accurate.  
All user credentials (username/password) including system administrators, database administrators, and OCR employees and direct contractors are stored in the user table for the system.  
PIMS information is not shared with another system.  
PIMS information is retained indefinitely at this point.

**PTA 05A:**

Are user credentials used to access the system?

Yes

<p><b>PTA 05B:</b></p>	<p>Please identify the type of user credentials used to access the system.</p>	<p>HHS User Credentials</p> <ul style="list-style-type: none"> <li>HHS/OpDiv PIV Card</li> <li>HHS Username</li> <li>Password</li> </ul> <p>Non-HHS User Credentials</p> <ul style="list-style-type: none"> <li>Username</li> <li>Password</li> </ul>
<p><b>PTA 06:</b></p>	<p>Describe why each type of information is collected, maintained, and/or shared by the system. Specify what information is collected about each category of individual.</p>	<p>PIMS was developed to allow OCR to effectively manage its program information needs and to integrate all of OCR's various business processes, including all its compliance activities, to allow for real time access and results reporting and other varied information management needs.</p> <p>HIPAA &amp; Civil Rights (CR) Complaints -</p> <p>Complainant Information - Required fields are name and address; optional fields are phone number, email address, filing on behalf of. If filing on behalf of is selected required to provide name of person, the complaint is for. Complaint Details - Required fields are person or agency complaint is against, address, and brief description of incident; optional fields are phone, violation date(s), upload of supporting documentation. If the complainant uploads documentation that contains PHI, the document is stored in a secure folder within the case folder. For CR complaints basis of complaint is also required. Additional Information - all fields are optional - list of special accommodations for vision and/or hearing impaired, optional point of contact, previously filed complaint, ethnicity, race, primary language. Signature - agree or decline disclosure of information outside the Department for purposes associated with health information privacy compliance as permitted by law.</p> <p>Complaint Consent - consent or consent denied disclosure of complaint information collected to persons at the entity or agency under investigation or other persons, agencies, or entities relevant to the investigation.</p> <p>Breach Notifications - Required fields are Name of CE address, point of contact (POC), POC email address, POC phone number. Breach details - required fields are number of individuals effected, start and end date, start and end discovery date, type of breach, location of breach, type of protected health information (PHI) involved, brief description of breach. Action taken - required fields date of individual notice provided, actions taken; optional fields are end date of notice provided, was media notice provided. Attestation - required to enter name of person who is attesting to the information provided is accurate.</p> <p>All user credentials (username/password) including application administrators, database administrators, and OCR employees and direct contractors are stored in the user table for the system.</p>
<p><b>PTA 07:</b></p>	<p>Does the system collect, maintain, use, or share PII?</p>	<p>Yes</p>

<b>PTA 08:</b>	Does the system include a website or online application?	Yes
<b>PTA 08A:</b>	Provide the URL(s).	<a href="https://ocrportal.hhs.gov/ocr">https://ocrportal.hhs.gov/ocr</a> (publicly accessible) <a href="https://pims.hhs.gov/pims">https://pims.hhs.gov/pims</a> (HHS Internal) <a href="https://pimscf.hhs.gov/pims2">https://pimscf.hhs.gov/pims2</a> (HHS Internal)
<b>PTA 08B:</b>	Are any of the website or online applications accessible by the public (including publicly accessible log in pages)?	Yes
<b>PTA 09:</b>	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.	<p>The HHS OCR Portal is an application that allows the general public to submit their civil rights and health information privacy complaints to the Office for Civil Rights online. In addition to complaint submissions, the application allows Covered Entities to submit their mandatory breach reports and Assurance of Compliance forms. As required by law, breach reports are available for the general public to review online via the OCR Portal.</p> <p> <a href="https://ocrportal.hhs.gov/ocr/cp/">https://ocrportal.hhs.gov/ocr/cp/</a>  <a href="https://ocrportal.hhs.gov/ocr/">https://ocrportal.hhs.gov/ocr/</a>  <a href="https://ocrportal.hhs.gov/ocr/breach">https://ocrportal.hhs.gov/ocr/breach</a>  <a href="https://ocrportal.hhs.gov/ocr/aoc">https://ocrportal.hhs.gov/ocr/aoc</a> </p>
<b>PTA 10:</b>	Does the website have a posted privacy notice?	Yes
<b>PTA 11:</b>	Does the website contain links to non-federal government websites external to HHS?	No
<b>PTA 12:</b>	Does the website use web measurement and customization technology?	Yes
<b>PTA 12A:</b>	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
<b>PTA 13:</b>	Does the website have any information or pages directed at children under the age of thirteen?	No
<b>PTA 14:</b>	Does the system have a mobile application?	No
<b>PTA 20:</b>	Are any third-party websites or applications (TPWA) associated with the system?	No
<b>PTA 21:</b>	Does this system use artificial intelligence (AI) tools or technologies?	No

## Privacy Impact Assessment

### Privacy Impact Assessment

<b>PIA 22:</b>	Indicate the type(s) of personally identifiable information (PII) that the system will collect, maintain, or share.	Biographical Information Name Date of Birth User Credentials Contact Information Email Address (Personal) Mailing Address (Personal) Phone Numbers (Personal) Email Address (Business) Mailing Address (Business) Phone Numbers (Business) Medical Information Medical Records Number
<b>PIA 23:</b>	Indicate the categories of individuals about whom PII is collected, maintained, or shared.	Employees/HHS Direct Contractors Members of the public
<b>PIA 24:</b>	Indicate the approximate number of individuals whose PII is maintained in the system.	500 – 4,999
<b>PIA 25:</b>	For what primary purpose is the PII used?	Protected Health Information (PHI) and/or Personally Identifiable Information (PII) are used to investigate complaints alleging civil rights discrimination and health information privacy violations. Depending on the nature of the complaint, the information may be used to interview the complainant. gather information from individuals that may have knowledge about the complaint, or research policies, procedures or other issues that may be relevant to understanding the complaint and verifying information.
<b>PIA 26:</b>	Describe any secondary uses for which the PII will be used (e.g., testing, training, or research).	PHI may be provided in reporting investigation status to the Director of the Office for Civil Rights (OCR) and senior OCR staff.

**PIA 28:** Identify legal authorities, governing information use and disclosure specific to the system and program.

CMS Conditions of Participation for Critical Access Hospitals 485.635(f) CMS Conditions of Participation for Long Term Care Facilities 483.5(f)(4)(vi)(C) CMS Conditions of Participation for Hospitals 42 C.F.R. 482.13(h)(3) Religious Freedom Restoration Act of 1993 (42 USC 2000bb-1) Projects for Assistance in Transition from Homelessness (42 USC 290cc-33) Preventive Health and Health Services Block Grant (42 USC 300w-7) Maternal and Child Health Services Block Grant (42 USC 708) Substance Abuse Prevention and Treatment Block Grant (42 USC 300x-57) Community Mental Health Services Block Grant (42 USC 300x-57) Section 309 of the Communications Act of 1934 (47 USC 398) Affordable Care Act (42 U.S.C. 18021 et seq.) Weldon Amendment (HHS Appropriations Act) Coats-Snowe Amendment (42 USC 238n) Church Amendments (42 U.S.C. 300a-7) Section 1557 of the Patient Protection and Affordable Care Act Federal Healthcare Provider Conscience Protection Statutes Section 1553 of the Patient Protection and Affordable Care Act Security Rule - Sections 262 and 264 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); 45 CFR Part 160 and Subparts A and C of Part 164 Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) Section 508 of the Rehabilitation Act Amendments of 1973 (as amended) Basic Civil Rights - OCR 101 Omnibus Reconciliation Act (OBRA) - Other Block Grant Authorities Jurisdiction based on MOU with Another agency Sections 262 and 264 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); 45 CFR Part 160 and Subparts A and E of Part 164 Section 504 of the Rehabilitation Act of 1973, Part 85 Section 1808/Interethnic Adoption Provisions of the Small Business Job Protection Act Family Violence Prevention and Services Grant (42 USC 10406) Hill-Burton Community Service Assurance (Titles VI and XVI of the Public Health Service Act) Americans with Disabilities Act (ADA) (Title II) Age Discrimination Act of 1975 Section 407 of the Drug Abuse Office and Treatment Act of 1972 Section 321 of the Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment, and Rehabilitation Act of 1978 Equal Employment Opportunity Provision of the Public Telecommunications Financing Act of 1978 Section 504 of the Rehabilitation Act of 1973, Part 84 Section VII and VIII of the Public Health Service Act Title IX of the Education Amendment of 1972 Title VI of the Civil Rights Act of 1964

**PIA 29:** Are records in the system retrieved by one or more PII data elements? Yes

**PIA 29A:** Please specify which PII data elements are used to retrieve records.

Name

Home address

Email address

<b>PIA 29B:</b>	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.	09-90-0052  Program Information Management System
<b>PIA 30:</b>	Identify the sources of PII in the system.	Directly from an individual about whom the information pertains  In-person Hard Copy Mail/Fax Email Online  Government Sources Within the OPDIV Other HHS OPDIV Other Federal Entities  Non-Government Sources Members of the Public Private Sector
<b>PIA 31:</b>	Is there an Office of Management and Budget (OMB) information collection approval number?	Yes
<b>PIA 31A:</b>	Provide the information collection approval number(s) and expiration date(s).	OMB Control Number 0945-0002
<b>PIA 32:</b>	Is the PII in the system shared directly with other organizations outside the system's Operating Division?	Yes
<b>PIA 32A:</b>	Identify with whom the PII is shared or disclosed.	Other Federal Agency/Agencies Within HHS
<b>PIA 32B:</b>	For each disclosure, name the organizations/systems the system shares PII with and the purpose(s) of the disclosure.	Within HHS Comment: System administrators, database administrators, and OCR employees and direct contractors have access to the data; Other Federal Agency/Agencies Comment: Department of Justice (DoJ), Equal Employment Opportunity Commission (EEOC), Federal Mediation & Conciliation Service (FMCS), Centers for Medicare & Medicaid Services (CMS) for investigative purposes, and Congressional offices (but only in response to forwarded constituent inquiries).

<b>PIA 32C:</b>	List any agreements in place that authorize the information sharing or disclosure (e.g., Computer Matching Agreement (CMA), Memorandum of Understanding (MOU), or Information Sharing Agreement (ISA)).	As part of the investigatory process OCR may refer the complaint and information collected related to the complaint to another appropriate agency. The complainant signs a 'Complaint Consent Form' which contains information about how and why OCR would disclose information. The complainant can deny consent for disclosure with the understanding that denial of consent is likely to impede the investigation of the complaint. These disclosures are case referrals and are not considered to be information sharing or matching. There is no system interconnection. The disclosure of information to the referring agency is not via system to system data feed. The information is printed and mailed to the referring agency. We had memorandum of understanding (MOU) between National Institutes of Health/Center for Information Technology (NIH/CIT) and OS/OCR, the CIT provides and supports a wide range of computer and telecommunications resources for the Institutes and Centers at NIH and other federal agencies. CIT offers hosting services using centrally managed resources. This includes application hosting on a variety of platforms, database services, and application firewalls for customers seeking such security measures.
<b>PIA 32D:</b>	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.	When a case is referred, a closure letter is sent to the complainant explaining why and to whom the case was referred including the name, phone number, and mailing address of the agency. All case data gathered by OCR is sent to the referring agency.
<b>PIA 33:</b>	Is the submission of PII by individuals voluntary or mandatory as defined in the Privacy Act?	Voluntary
<b>PIA 34:</b>	Describe the method in place to notify and obtain consent from individuals whose PII will be collected. If no prior notice is given or consent cannot be obtained, explain why.	When an individual files a complaint, there is required data that must be provided. There is no opportunity to opt-out of the collection however to opt-out of the use, on the 'Complaint Consent Form' the individual can select to 'Consent' or to 'Consent Denied'. CONSENT: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process. CONSENT DENIED: I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

<b>PIA 35:</b>	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). If they cannot be notified or have their consent obtained, explain why.	The data in the system is used transactionally therefore direct notification of major changes to the system are not likely. For all complaints received that OCR initially determines are within our jurisdiction, complainants receive an acknowledgment letter that includes a fact sheet titled Protecting Personal Information in Complaint Investigations. This fact sheet describes how the information is protected by OCR, how a person can request a copy of their file under the Freedom of Information Act, to what other government agencies OCR may legally give the complainants information, and what protections are in place if someone else requests the complainants file. Where investigation of a complaint requires providing the complainants name to the covered entity against whom the complaint is filed, the complainant is always asked to sign a consent form allowing release of their name to the covered entity. Similarly, if investigation of the complaint requires acquiring the complainants medical record from the covered entity, the complainant is asked to sign an authorization allowing OCR to request the information.
<b>PIA 36:</b>	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.	As described in the PIMS System of Records notice, the process is to contact the PIMS Project Manager, Program & Business Administration Management Division, OCR, 200 Independence Avenue, SW, Washington, DC 20201 and reasonably identify the record and specify the information to be contested and corrective action sought with supporting justification.
<b>PIA 37:</b>	Describe the process in place for periodic reviews of the system to ensure the integrity, availability, accuracy, and relevancy of the PII in the system. Please address each element in your response. If no processes are in place, explain why not.	Case data are routinely reviewed by managers as part of case approval processes. Periodic quality control analyses of the data are also performed.
<b>PIA 38:</b>	Identify who will have access to the PII in the system.	Users Administrators Developers Contractors
<b>PIA 38A:</b>	Select the type of contractor.	HHS/OpDiv Direct Contractors
<b>PIA 38B:</b>	Do contracts include Federal Acquisition Regulation (FAR) and other appropriate clauses ensuring adherence to privacy provisions and practices?	Yes
<b>PIA 39:</b>	Provide the reason why each of the groups identified in 38 needs access to PII.	Users Reasoning: Investigate, analyze, and track progress on individual cases; Conduct case management Administrators Reasoning: Ensure appropriate levels of access are provided to individual users and that systems are used appropriately; Provide technical assistance Developers Reasoning: Have access to case data, which includes PHI, for the purposes of troubleshooting. Contractors Reasoning: Direct Contractors resolve user and system problems, including by addressing technical and system functionality issues.

<p><b>PIA 40:</b></p>	<p>Describe the administrative procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.</p>	<p>'System users' (System Administrators, Developers, and Direct Contractors) as described in the question have access to case data, which includes PHI, for the purposes of troubleshooting. System users must sign a rule of behavior for privileged accounts. Access is approved by the Information Systems Security Officer (ISSO) under delegation of the system owner.</p>
<p><b>PIA 41:</b></p>	<p>Describe the technical methods in place to allow those with access to PII to access only the minimum amount of information necessary to perform their job.</p>	<p>PIMS application is hosted in the NIH Data Center in Building 12, and is administered by the NIH Center for Information Technology (CIT). Users in the regions (federal employees and direct contractors) are provided access by their regional user provisioning administrator under approval of the regional or deputy regional manager. Headquarters staff (users, administrators, developers, and direct contractors) requires access and is provided access by the application administrator. User access is controlled through role-based user profiles.</p>
<p><b>PIA 42:</b></p>	<p>Identify the general security and privacy awareness training provided to system users (system owners, managers, operators, contractors and/or program managers) to make them aware of their responsibilities for protecting the information being collected and maintained.</p>	<p>All users must sign a rule of behavior and complete annual security and privacy awareness training courses, and role-based training where applicable. Being the OCR, users are knowledgeable of HIPAA and Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996.</p>
<p><b>PIA 43:</b></p>	<p>Describe the training system users receive above and beyond general security and privacy awareness training.</p>	<p>PIMS users are provided training by their supervisor or their Program Information Management Resource Analyst (PIMRA).</p>
<p><b>PIA 44:</b></p>	<p>Describe the process and guidelines in place for the retention and destruction of PII. Cite specific National Archives and Records Administration (NARA) records retention schedule(s) and include the retention period(s).</p>	<p>The Program Information Management System (PIMS) is a case management, workflow, and electronic document system. The system encompasses a variety of records: Complaint Case Files, Outreach Case Files, &amp; Administration Files. All these 3 types of records follow the below records disposition schedule: Complaint Case Files, Disposition Authority Number DAA-0468-2015-0002-0001. Cutoff data at the close of case. Destroy 15 years after cutoff, but longer retention is authorized if required for business use. Outreach Case Files, Disposition Authority Number DAA-0468-2015-0002-0002. Cutoff data at the close of case. Destroy 15 years after cutoff, but longer retention is authorized if required for business use. Administration Files, Disposition Authority Number DAA-0468-2015-0002-0003, cutoff data when superseded or obsolete. Destroy 3 years after cutoff, but longer retention is authorized if required for business use.</p>

**PIA 45:**

Describe how the PII will be secured in the system using administrative, technical, and physical controls. Please address each element in your response.

Only authorized OCR users whose official duties require the use of such information have access to the information in the system. No users outside of OCR have access to PIMS. Specific access is structured around need and is determined by the person's role in the organization. Access is managed through the use of electronic access control lists, which regulate the ability to read, change and delete information in the system. Each OCR user has read access to designated information in the system, with the ability to modify only their own submissions or those of others within their region or group. Data identified as confidential is so designated and only specified individuals are granted access. The system maintains an audit trail of all actions against the database. All electronic data is stored on servers maintained in locked facilities with computerized access control allowing access to only those support personnel with a demonstrated need for access. A database is kept of all individuals granted security card access to the room, and all visitors are escorted while in the room. The server facility has appropriate environmental security controls, including measures to mitigate damage to automated information system resources caused by fire, electricity, water and inadequate climate controls. Access control to servers, individual computers and databases includes a required user log-on with a password, inactivity lockout to systems based on a specified period of time, legal notices and security warnings at log-on, and remote access security that allows user access for remote users (e.g., while on government travel) under the same terms and conditions as for users within the office. System administrators have appropriate security clearance. Printed materials are filed in secure cabinets in secure Federal facilities with access based on need as described above for the automated component of the PIMS system.

## Review and Comments

### OpDiv Privacy Analyst Review

<b>Privacy Analyst Review Decision:</b>	Approved	<b>Privacy Analyst Review Date:</b>	11/17/2025
<b>Privacy Analyst Review Comments:</b>	This PIA is ready for your review. All necessary questions have been answered.  Thank you,  Jon	<b># of Days - PA Review:</b>	0

### SOP Review

<b>SOP Review Decision:</b>	Approved	<b>SOP Review Date:</b>	11/18/2025
<b>SOP Review Comments:</b>	Hello,  Please review my comments for PIA 22 and 32C and make the appropriate changes within your responses.	<b># of Days - SOP Review:</b>	1

### Agency Privacy Analyst Review

<b>Agency Privacy Analyst Review Decision:</b>	Approved	<b>Agency Privacy Analyst Review Date:</b>	11/24/2025
<b>Agency Privacy Analyst Review Comments:</b>	Reviewer: Nestor Villafuerte  11/24/2025 On the next iteration of PIA for PIA-31C please include the current expiration date 12/31/2025 (per reginfo.gov). This PIA is ready for SAOP review and approval.	<b># of Days - APA Review:</b>	6

### SAOP Review

<b>SAOP Review Decision:</b>	Approved	<b>SAOP Review Date:</b>	11/28/2025
<b>SAOP Review Comments:</b>		<b># of Days - SAOP Review:</b>	4

### SAOP Signature

Date	User	Type	Name	Original Value	New Value
11/28/2025 12:10 PM	BAUR, VANESSA	Signature	SAOP (Email PIN)		Content Signed

### Supporting Document(s)

Name	Size	Type	Upload Date	Downloads
No Records Found				

Comments				
Question Name	Submitter	Date	Comment	Attachment
PTA 08A	Data Feed Service, pta_pia_OS_Release	9/16/2025	<a href="https://ocrportal.hhs.gov/ocr">https://ocrportal.hhs.gov/ocr</a> (publicly accessible)  <a href="https://pims.hhs.gov/pims">https://pims.hhs.gov/pims</a> (HHS Internal)  <a href="https://pimscf.hhs.gov/pims2">https://pimscf.hhs.gov/pims2</a> (HHS Internal)	
PTA 08B	Data Feed Service, pta_pia_OS_Release	9/16/2025	<a href="https://ocrportal.hhs.gov/ocr">https://ocrportal.hhs.gov/ocr</a> (publicly accessible)	
PTA 07	Data Feed Service, pta_pia_OS_Release	9/16/2025	The PIMS system doesn't require and collect Sensitive PII, but some users do send these information into PIMS, and PIMS simply maintain them.	
PTA 05B	Data Feed Service, pta_pia_OS_Release	9/16/2025	We use PIMS user credentials.	
PTA 05A	Data Feed Service, pta_pia_OS_Release	9/16/2025	For <a href="https://ocrportal.hhs.gov/ocr">https://ocrportal.hhs.gov/ocr</a> (publicly accessible), no user credentials used to access.  For <a href="https://pims.hhs.gov/pims">https://pims.hhs.gov/pims</a> (HHS Internal) and <a href="https://pimscf.hhs.gov/pims2">https://pimscf.hhs.gov/pims2</a> (HHS Internal), we use PIMS user credentials to access.	
PTA 09	Data Feed Service, pta_pia_OS_Release	9/16/2025	The HHS OCR Portal is an application that allows the general public to submit their civil rights and health information privacy complaints to the Office for Civil Rights online. In addition to complaint submissions, the application allows Covered Entities to submit their mandatory breach reports and Assurance of Compliance forms. As required by law, breach reports are available for the general public to review online via the OCR Portal.  <a href="https://ocrportal.hhs.gov/ocr/cp/">https://ocrportal.hhs.gov/ocr/cp/</a> <a href="https://ocrportal.hhs.gov/ocr/">https://ocrportal.hhs.gov/ocr/</a> <a href="https://ocrportal.hhs.gov/ocr/breach">https://ocrportal.hhs.gov/ocr/breach</a> <a href="https://ocrportal.hhs.gov/ocr/aoc">https://ocrportal.hhs.gov/ocr/aoc</a>	
PTA 10	Data Feed Service, pta_pia_OS_Release	9/16/2025	Yes.	
PTA 11	Data Feed Service, pta_pia_OS_Release	9/16/2025	No.	
PTA 12	Data Feed Service, pta_pia_OS_Release	9/16/2025	Yes.	
PTA 13	Data Feed Service,	9/16/2025	No.	

	pta_pia_OS_Release		
PTA 14	Data Feed Service, pta_pia_OS_Release	9/16/2025	No.
PTA 20	Data Feed Service, pta_pia_OS_Release	9/16/2025	No.
PTA 21	Data Feed Service, pta_pia_OS_Release	9/16/2025	No.
PIA 22	Data Feed Service, pta_pia_OS_Release	9/30/2025	Please ensure that the information listed in PIA 22 matches what is listed in PTA 05.
PIA 32C	Data Feed Service, pta_pia_OS_Release	9/30/2025	The SSP indicates that there is an MOU between PIMS and AMS.  If the sharing of PII is subject to one or more agreements, describe the agreements and the sharing and disclosures permitted under those agreements. If the sharing is not subject to an agreement, explain what sharing and disclosures and why no agreement is required.
PIA 31A	VILLAFUERTE, NESTOR	11/19/2025	Please include the current expiration date 12/31/2025 (per reginfo.gov)