PRIVACY IMPACT ASSESSMENT (PIA)

For the

Emergency Department Information System (EDIS)
US Army Medical Command - DHP Funded System

SECTION 1: IS A PIA REQUIRED?

a. Will this Department of Defense (DoD) information system or electronic collection of information (referred to as an "electronic collection" for the purpose of this form) collect, maintain, use, and/or disseminate PII about members of the public, Federal personnel, contractors or foreign nationals employed at U.S. military facilities internationally? Choose one option from the choices below. (Choose (3) for foreign nationals).

☐ (1) Yes, from members of the general public.

☐ (2) Yes, from Federal personnel* and/or Federal contractors.

☒ (3) Yes, from both members of the general public and Federal personnel and/or Federal contractors.

☐ (4) No

* "Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.

c. If "Yes," then a PIA is required. Proceed to Section 2.

SECTION 2: PIA SUMMARY INFORMATION

a. Why is this PIA being created or updated? Choose one:

☒ **New DoD Information System** ☐ **New Electronic Collection**

☐ **Existing DoD Information System** ☐ **Existing Electronic Collection**

☐ **Significantly Modified DoD Information System**

b. Is this DoD information system registered in the DITPR or the DoD Secret Internet Protocol Router Network (SIPRNET) IT Registry?

☐ **Yes, DITPR** Enter DITPR System Identification Number

☐ **Yes, SIPRNET** Enter SIPRNET Identification Number

☒ **No**

c. Does this DoD information system have an IT investment Unique Project Identifier (UPI), required by section 53 of Office of Management and Budget (OMB) Circular A-11?

☐ **Yes** ☒ **No**

If "Yes," enter UPI

If unsure, consult the Component IT Budget Point of Contact to obtain the UPI.

d. Does this DoD information system or electronic collection require a Privacy Act System of Records Notice (SORN)?

A Privacy Act SORN is required if the information system or electronic collection contains information about U.S. citizens or lawful permanent U.S. residents that is retrieved by name or other unique identifier. PIA and Privacy Act SORN information should be consistent.

☒ **Yes** ☐ **No**

If "Yes," enter Privacy Act SORN Identifier A0040-66b

DoD Component-assigned designator, not the Federal Register number.
Consult the Component Privacy Office for additional information or
access DoD Privacy Act SORNs at: http://www.defenselink.mil/privacy/notices/

or

Date of submission for approval to Defense Privacy Office
Consult the Component Privacy Office for this date.

e. Does this DoD information system or electronic collection have an OMB Control Number?
Contact the Component Information Management Control Officer or DoD Clearance Officer for this information.

This number indicates OMB approval to collect data from 10 or more members of the public in a 12-month period regardless of form or format.

☐ **Yes**

Enter OMB Control Number

Enter Expiration Date

☒ **No**

f. Authority to collect information. A Federal law, Executive Order of the President (EO), or DoD requirement must authorize the collection and maintenance of a system of records.

(1) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act SORN should be the same.

(2) Cite the authority for this DoD information system or electronic collection to collect, use, maintain and/or disseminate PII. (If multiple authorities are cited, provide all that apply.)

(a) Whenever possible, cite the specific provisions of the statute and/or EO that authorizes the operation of the system and the collection of PII.

(b) If a specific statute or EO does not exist, determine if an indirect statutory authority can be cited. An indirect authority may be cited if the authority requires the operation or administration of a program, the execution of which will require the collection and maintenance of a system of records.

(c) DoD Components can use their general statutory grants of authority ("internal housekeeping") as the primary authority. The requirement, directive, or instruction implementing the statute within the DoD Component should be identified.

10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. Supplement IV, Appendix 454, as amended, Persons liable for training and service; 42 U.S.C. Chapter 117, Sections 11131-11152, Reporting of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and TRICARE Program; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C. 1079a, CHAMPUS; 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; E.O. 9397 (SSN); DoD Instruction 6015.23, Delivery of Healthcare at Military Treatment Facilities (MTFs); DoD Directive 6040.37, Confidentiality of Medical Quality Assurance (QA) Records; DoD 6010.8-R, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Army Regulation 40-66, Medical Record Administration and Health Care Documentation.

g. Summary of DoD information system or electronic collection. Answers to these questions should be consistent with security guidelines for release of information to the public.

(1) Describe the purpose of this DoD information system or electronic collection and briefly describe the types of personal information about individuals collected in the system.

The Emergency Department Information System (EDIS) will offer a standard solution for patient care documentation within Emergency Departments(ED). Goals include increased workflow efficiency, record visibility, meeting of regulatory requirements and workload reimbursement maximization.

The EDIS system collects, manages and stores the following personal information. Name, Other names used, Social Security Number (SSN), Truncated SSN, Other ID number, Citizenship, Legal Status, Gender, Race/Ethnicity, Date and Place of Birth, Phone Numbers, Addresses, Spouse Information, Marital Status, Religious Preference, Child Information, Employment information, Medical Information, Education Information, and Emergency Contact.

(2) Briefly describe the privacy risks associated with the PII collected and how these risks are addressed to safeguard privacy.

Risks for this system are similar to any other system which requires human entry of information. These include inaccurate information entry, unauthorized access, and inadvertent data viewing. Safeguards include: Secure access (both physical and electronic), limiting access to authorized personnel having an official need to know, ensuring proper network system security, stringent user privileging and maintaining proper screen and patient visibility screening. Timely correction of entries with inaccurate information will follow standard MEDCOM policies related to identification and rectification of these entries.

h. With whom will the PII be shared through data exchange, both within your DoD Component and outside your Component (e.g., other DoD Components, Federal Agencies)? Indicate all that apply.

☒ **Within the DoD Component.**

Specify. The data will be shared with health care personnel within the Army military treatment facilities (MTFs) using this system.

☐ **Other DoD Components.**

Specify.

☐ **Other Federal Agencies.**

Specify.

☐ **State and Local Agencies.**

Specify.

☒ **Contractor** (Enter name and describe the language in the contract that safeguards PII.)

Specify. The Vendor servicing the device may have access to some data. Federal contracts supporting this device include a standard Military Health System (MHS), HIPAA Business Associates Agreement, DoD/HIPAA guidelines and Army Medical Command Information Assurance (IA) guidelines.

☐ **Other** (e.g., commercial providers, colleges).

Specify.

i. Do individuals have the opportunity to object to the collection of their PII?

☒ **Yes** ☐ **No**

(1) If "Yes," describe method by which individuals can object to the collection of PII.

In most cases the individual does not participate in the PII collection process for this system as this information comes from CHCS. If PII is collected from the individual at the point of service, this process is addressed when the individual reviews and/or signs DD Form 2005, Privacy Act Statement - Health Care Records.

(2) If "No," state the reason why individuals cannot object.

j. Do individuals have the opportunity to consent to the specific uses of their PII?

☒ **Yes** ☐ **No**

(1) If "Yes," describe the method by which individuals can give or withhold their consent.

In most cases the individual does not participate in the PII collection process for this system as this information comes from CHCS. If PII is collected from the individual at the point of service, this process is addressed when the individual reviews and/or signs DD Form 2005, Privacy Act Statement - Health Care Records.

(2) If "No," state the reason why individuals cannot give or withhold their consent.

k. What information is provided to an individual when asked to provide PII data? Indicate all that apply.

☒ **Privacy Act Statement** ☐ **Privacy Advisory**

☐ **Other** ☐ **None**

Describe each applicable format.	In most cases the individual does not participate in the PII collection process for this system as this information comes from CHCS. If PII is collected from the individual at the point of service, this process is addressed when the individual reviews and/or signs DD Form 2005, Privacy Act Statement - Health Care Records.

NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

SECTION 3: PIA QUESTIONNAIRE and RISK REVIEW

a. For the questions in subparagraphs 3.a.(1) through 3.a.(5), indicate what PII (a data element alone or in combination that can uniquely identify an individual) will be collected and describe the source, collection method, purpose, and intended use of the PII.

(1) What PII will be collected? Indicate all individual PII or PII groupings that apply below.

☒ Name	☒ Other Names Used	☒ Social Security Number (SSN)
☒ Truncated SSN	☐ Driver's License	☒ Other ID Number
☒ Citizenship	☒ Legal Status	☒ Gender
☒ Race/Ethnicity	☒ Birth Date	☒ Place of Birth
☒ Personal Cell Telephone Number	☒ Home Telephone Number	☒ Personal Email Address
☒ Mailing/Home Address	☒ Religious Preference	☐ Security Clearance
☐ Mother's Maiden Name	☐ Mother's Middle Name	☒ Spouse Information
☒ Marital Status	☐ Biometrics	☒ Child Information
☐ Financial Information	☒ Medical Information	☐ Disability Information
☐ Law Enforcement Information	☒ Employment Information	☐ Military Records
☒ Emergency Contact	☒ Education Information	☐ Other

If "Other," specify or explain any PII grouping selected.

(2) What is the source for the PII collected (e.g., individual, existing DoD information systems, other Federal information systems or databases, commercial systems)?

In most cases the individual does not participate in the PII collection process for this system as this information comes from CHCS.