

## PRIVACY IMPACT ASSESSMENT (PIA)

#### For the

Enterprise Web AMEDD Electronic Forms Support System (WEB-AEFSS) (EWA)

US Army Medical Command - Defense Health Program (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.
$\times$	(3)	Yes, from both members of the general public and Federal personnel and/or Federal contractors.
	(4)	No

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.

DDFORM 2930NOV 2008 Page 1 of 15

<sup>\* &</sup>quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

# **SECTION 2: PIA SUMMARY INFORMATION**

a.	Why	is this PIA being	created or	updated	l? C	hoose one:	
		New DoD Informat	tion System	1		New Electron	nic Collection
		Existing DoD Info	rmation Sys	stem	$\boxtimes$	Existing Elec	tronic Collection
		Significantly Modi System	ified DoD In	formation	1		
		s DoD information Network (SIPRNE	-	_	d in t	the DITPR or the	e DoD Secret Internet Protocol
		Yes, DITPR	Enter DITF	PR System	Iden	tification Number	
		Yes, SIPRNET	Enter SIPR	RNET Iden	tificat	tion Number	
	$\boxtimes$	No					
		this DoD informa on 53 of Office of					ique Project Identifier (UPI), required lar A-11?
		Yes		$\boxtimes$	No		
	If "Ye	es," enter UPI					
		If unsure,	consult the	Componen	t IT B	sudget Point of Con	tact to obtain the UPI.
	A Priva	s Notice (SORN)? acy Act SORN is requi	red if the info	rmation sys	tem o	r electronic collectio	quire a Privacy Act System of n contains information about U.S. citizens entifier. PIA and Privacy Act SORN
		Yes			No		
		103			110		
	If "Ye	es," enter Privacy A	Act SORN Id	dentifier		OPM/GOVT-1 an	d A0040-66b DASG
		Consult the Compo	onent Privacy	Office for	addit	Federal Register nu ional information or w.defenselink.mil/pr	
		or				_	
	Date	of submission for a Consult the C					

DDFORM2930NOV 2008 Page 2 of 15

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**  $\times$ 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. OPM/GOVT-1 - 5 U.S.C. 1302, 2951, 3301, 3372, 4118, 8347, and Executive Orders 9397, as amended by 13478, 9830, and 12107. A0040-66b DASG - 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.

e. Does this DoD information system or electronic collection have an OMB Control Number?

DDFORM2930NOV 2008 Page 3 of 15

g.	<ul> <li>g. Summary of DoD information system or electronic collection</li> </ul>	tion. Answers to the	se questions
sh	should be consistent with security guidelines for release of	information to the pu	ublic.

(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 purpose of this DoD information system is to provide an easy to access the repository of electronic forms used by all US Army Medical Command (MEDCOM) personnel. All levels of forms are provided ranging from Department of Defense, Service forms including Army, Navy, and Air Force, to local and unique forms. These forms constitute the full range of MEDCOM functions, including but not limited to, personnel, administrative, logistics, information technology, clinical, financial, medical and training. There are more than 2400 electronic forms available in this system.

The types of personal information collected on the various electronic forms include: demographic data, financial, employment, legal, and medical information.

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

The privacy risks associated with the PII collected are unauthorized accessand unauthorized disclosure if the system is compromised. Security safeguards are in place to mitigate these risks. The security safeguards are addressed in Section 3d below.

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.	Each electronic form has its own workflow and process. Some forms are used exclusively within the US Army Medical Command while others are coordinated with other organizations as listed below. PII entered in the electronic form is only shared with individuals who have a need to know.
$\times$	Other DoD C	Components.
	Specify.	Select organizations within the Department of Defense, Navy, and Air Force.
	Other Federa	al Agencies.
	Specify.	
	State and Lo	ocal Agencies.
	Specify.	
$\times$	Contractor	(Enter name and describe the language in the contract that safeguards PII.)
	Specify.	Some individuals who use this system are employed on a contractual basis. There are clauses in their contracts requiring compliance with the Privacy Act and the Health

DDFORM 2930NOV 2008 Page 4 of 15

Insurance Portability and Accountability Act (HIPAA) requirements to protect personal

		information.	
	Other (e.g	g., commercial providers, colleges).	
	Specify.		
	, ,		
Do	individuals	s have the opportunity to object to the collection of their PII?	
	W		
$\boxtimes$	Yes	□ No	
	(1) If "Yes.	," describe method by which individuals can object to the collection of I	PII.
ele	ctronic forms	icy Act Statements annotated on the electronic forms which collect PII. The use in this system is voluntary. If individuals object to the collection of their PII or tion must be addressed with the proponent for that particular form.	
	(2) If "No,"	' state the reason why individuals cannot object.	
Do i	ndividuals	have the opportunity to consent to the specific uses of their PII?	
Do i	ndividuals Yes	have the opportunity to consent to the specific uses of their PII?	
		<u> </u>	
	Yes	<u> </u>	consent.
	Yes (1) If "Yes,	□ <b>No</b> ," describe the method by which individuals can give or withhold their o	
⊠ The	Yes  (1) If "Yes, ere are Privac	No  ," describe the method by which individuals can give or withhold their can give or with give or withhold their can give or wi	se of the forr
The in t	Yes  (1) If "Yes, ere are Privachis system is	No  "describe the method by which individuals can give or withhold their can give Act Statements annotated on the electronic forms which collect PII. The uses voluntary. If individuals object to the specific uses of their PII, this must be a	se of the forr
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Privacy Act Statement	Privacy Advisory
Other	None
ach opli ble rm .	

#### 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.

DDFORM2930NOV 2008 Page 6 of 15