PRIVACY IMPACT ASSESSMENT (PIA)

For the

AGFA IMPAX IDC 3.X
Air Force

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 F044 F SG E Medical Records SORN

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.

The authorities for this PIA are the same as in F044 F SG E Medical Records SORN.

5 U.S.C. 301, Departmental Regulations; 10 U.S.C. Chapter 55, Sections 1071-1097b, Medical and Dental Care; 42 U.S.C. Chapter 117, Sections 11131-11152, Reporting of Information; DoD 6025.18-R, DoD Health Information Privacy Regulation; DoD 6010.8-R, CHAMPUS; DoD Instruction 6015.23, Delivery of Healthcare at Military Treatment Facilities: Foreign Service Care; Third-Party Collection; Beneficiary Counseling and Assistance Coordinators (BCACs); Pub.L. 104-91, Health Insurance Portability and Accountability Act of 1996; and E.O. 9397 (SSN), as amended.

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.

Agfa IMPAX IDC 3.X receives and processes DICOM images from modalities, verifies the integrity of the demographic data (patient identification) and images, allows for Technologists to perform Quality Assurance on the images to ensure they are presented to the physicians in the best format possible for primary diagnosis, and allows the display of these images to users with appropriate access and privilege levels. Agfa IMPAX IDC 3.X processes Radiology results from all Radiology specific applications. Agfa IMPAX IDC 3.X also performs the function of archiving these images (studies) long-term.

(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 personally identifiable information (PII)/protected health information (PHI) collected are due to sharing, using, and viewing PII/PHI. However, all applicable security and privacy processes and regulations have been defined and implemented, reducing risks and safeguarding privacy.

PHI is aggregated from CHCS and presented to the Radiologist ensuring more efficient patient care. IMPAX IDC 3.X has undergone Certification and Accreditation to ensure that data at rest in the database is encrypted, all transport is encrypted. There is no data is cached stored or in memory on a mobile device.

The MTFs computer facilities housing the AGFA IMPAX IDC 3.X application servers have physical, technical, and administrative controls created in accordance with local policies such as office door locks, password-enabled screen savers, monitoring by facility staff, and application timeouts. The technical controls, which prevent unauthorized individuals from logging onto the system, provide protection at the application level.

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. Air Force

☒ **Other DoD Components.**

Specify. Army and Navy

☒ **Other Federal Agencies.**

Specify. VA

☐ **State and Local Agencies.**

Specify.

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

Specify.

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

Specify. Medical Professionals upon referral

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.

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

Under the Privacy Act the individual has the opportunity to object to the collection of their PII. MTF Admission processes contain patient admission forms that include detailed PII/PHI discussion. By agreeing to an appointment or treatment/procedure, the individual is providing implied consent. Under the HIPAA Privacy Rule certain information is required in the course of treating the patient, in order to identify the patient and document treatment. The HIPAA privacy rules do not require that a patient have an opportunity to object to or consent to the use of their information for treatment, payment, or health care operations. Treatment is not subject to the minimum necessary rules. Conversely, the HIPAA Notice of Privacy Practices, which is available to all patients and posted in the MTF, describes the uses and disclosures of protected health information and how, where applicable, a patient can request a restriction to a use or disclosure. However, the covered entity is not required to agree to the restriction, except in limited circumstances.

NOTE: We are not a collection system, our patient health information is pulled from CHCS. Patients being diagnosed by AGFA IMPAX IDC 3.X have already been admitted into the MTF for treatment, and all Privacy Act Statements were presented outside the use of this system.

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.

Under the Privacy Act the individual has the opportunity to consent to the collection of their PII. MTF Admission processes contain patient admission forms that include detailed PII/PHI discussion. By agreeing to an appointment or treatment/procedure, the individual is providing implied consent. Under the HIPAA Privacy Rule certain information is required in the course of treating the patient, in order to identify the patient and document treatment. The HIPAA privacy rules do not require that a patient have an opportunity to object to or consent to the use of their information for treatment, payment, or health care operations. Treatment is not subject to the minimum necessary rules. Conversely, the HIPAA Notice of Privacy Practices, which is available to all patients and posted in the MTF, describes the uses and disclosures of protected health information and how, where applicable, a patient can request a restriction to a use or disclosure. However, the covered entity is not required to agree to the restriction, except in limited circumstances.

(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.	A Privacy Act System of Records Notice was published in the Federal Register with a 30 day public comment period. Forms that collect personal data will contain a Privacy Act Statement, as required by 5 USC 552a(e)(3), allowing the individual to make an informed decision about providing the data or participating in the program. Individuals may raise an objection with the Air Force Privacy Act Office during the comment period, during data collection, or at any time after the program is launched. If no objections are received, consent is presumed.

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.