PRIVACY IMPACT ASSESSMENT (PIA)

For the

Cardiovascular Information System (MUSE®)
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 DASG

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 MUSE® Cardiovascular Information System (MUSE CIS) is used by providers when conducting patient cardiovascular diagnostic and monitoring activities. Electrocardiograph (ECG) data and personal information is captured on various cardiology electrocardiograph devices such as, CASE® Exercising Stress systems, or MARS® Holter Monitoring system . This personal information is stored in the MUSE® database.

The types of personal information collected includes name, SSN, date of birth, patient ID, race/ethnicity, gender, and other medical information as needed for patient care.

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

The risks associated with the collection, use, and storage of personally identifiable information (PII) and protected health information (PHI) are unauthorized access and unauthorized disclosure. Loss or compromise could occur through insecure or misdirected digital transmission, unauthorized access to or unauthorized viewing of a DoD information system, insecure storage (data-at-rest), and loss of printed copy. Appropriate safeguards are in place to minimize the these risks and the possibility of disclosure. The security safeguards are addressed in Section 3d and 3f 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. The PII will be shared with health care providers within the medical treatment facility (MTFs) using this software.

☒ **Other DoD Components.**

Specify. The PII is available to health care providers at Air Force and Navy MTFs after the individual has signed an authorization for disclosure.

Madigan provides medical PII to providers at Joint Base Lewis (Army) and McChord AFB (Air Force) medical clinics. Oak Harbor and Bremerton Naval Hospitals have patients that may receive medical treatment locally at MAMC and the results of that treatment is shared with the outside providers.

☒ **Other Federal Agencies.**

Specify. Department of Veterans Affairs (Medical & Benefits Office) and Veterans Affairs Hospitals.

☐ **State and Local Agencies.**

Specify.

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

Specify. There are some providers and/or staff that are employed in a contractual basis. There are clauses in their contracts requiring compliance with the Privacy Act and Health Insurance Portability and Accountability Act (HIPAA) requirements to protect the confidentiality of personal information.

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

Specify. The PII may be shared with a civilian sector health care provider qualified and licensed to interpret the data and only after the individual has signed an authorization for disclosure.

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.

Individuals review and sign a Department of Defense (DD) Form 2005, Privacy Act Statement - Health Care Records. This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record. If the requested information is not furnished, comprehensive health care may not be possible, but care will not be denied.

(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.

Individuals review and sign a Department of Defense (DD) Form 2005, Privacy Act Statement - Health Care Records. This form is maintained in the individual's medical records. If the individual objects to a specific uses of their PII, comprehensive health care may not be possible, but care will not be denied.

(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 Department of Defense (DD) Form 2005, Privacy Act Statement - Health Care Records, is provided to the patient at the point of care. This form is maintained in the individual's medical records. 1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN) Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397. 2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records. 3. ROUTINE USES The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties. 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/ beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record. Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.