

## PRIVACY IMPACT ASSESSMENT (PIA)

**PRESCRIBING AUTHORITY:** DoD Instruction 5400.16, "DoD Privacy Impact Assessment (PIA) Guidance". Complete this form for Department of Defense (DoD) information systems or electronic collections of information (referred to as an "electronic collection" for the purpose of this form) that collect, maintain, use, and/or disseminate personally identifiable information (PII) about members of the public, Federal employees, contractors, or foreign nationals employed at U.S. military facilities internationally. In the case where no PII is collected, the PIA will serve as a conclusive determination that privacy requirements do not apply to system.

**1. DOD INFORMATION SYSTEM/ELECTRONIC COLLECTION NAME:**

Fuji Synapse PACS v7.x\_AA

**2. DOD COMPONENT NAME:**

Defense Health Agency

**3. PIA APPROVAL DATE:**

01/18/24

Integrated Clinical Systems Program Management Office

### SECTION 1: PII DESCRIPTION SUMMARY (FOR PUBLIC RELEASE)

**a. The PII is:** (Check one. Note: Federal contractors, military family members, and foreign nationals are included in general public.)

- From members of the general public  From Federal employees  
 from both members of the general public and Federal employees  Not Collected (if checked proceed to Section 4)

**b. The PII is in a:** (Check one.)

- New DoD Information System  New Electronic Collection  
 Existing DoD Information System  Existing Electronic Collection  
 Significantly Modified DoD Information System

**c. Describe the purpose of this DoD information system or electronic collection and describe the types of personal information about individuals collected in the system.**

Synapse7 PACS is a picture archiving and communications system that provides one or more capabilities relating to the acceptance, transfer, display, storage, and digital processing of medical images. Additionally, the Clinical Reporting application provides the ability for users to create and finalize structured reports relating to Cardiology. It's hardware components may include workstations, digitizers, communications devices, computers, video monitors, magnetic, optical disk, or other digital data storage devices, and hardcopy devices. The software components may provide functions for performing operations related to image manipulation, enhancement, compression or quantification. PII being collected include citizenship, home/cell phone, mailing/home address, place of birth, race/ethnicity, birth date, marital status, DoD ID number, emergency contact, gender/gender identification, legal status, medical information, name, other ID number. PHI being collected/stored are patient medical images. Fuji Synapse 7 is owned and operated by Military Treatment Facility (MTF)s which purchase the device. DHA ICS PMO is responsible for the risk management framework (RMF) process and gaining approval from DHA J6 Risk Management Executive Division (RMED). Local sites are responsible for day-to-day operations, maintenance, and management of the device. Sites are responsible for ensuring the device is configured to meet ICS, and RMED approved configurations.

**d. Why is the PII collected and/or what is the intended use of the PII?** (e.g., verification, identification, authentication, data matching, mission-related use, administrative use)

PII is collected within this system for identification purposes to match individuals with their radiological studies. The intended use of the PII collected is for administrative and mission-related purposes to support the delivery of health care services.

**e. Do individuals have the opportunity to object to the collection of their PII?**  Yes  No

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

(2) If "No," state the reason why individuals cannot object to the collection of PII.

Individuals do not have the opportunity to object to the collection of their PII /PHI because this system is not the initial point of collection; however, the source system may provide the individual the opportunity to object to the collection.

**f. 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.

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

Individuals do not have the opportunity to consent to the collection of their PII /PHI because this system is not the initial point of collection; however, the source system may provide the individual the opportunity to consent to the collection.

**g. When an individual is asked to provide PII, a Privacy Act Statement (PAS) and/or a Privacy Advisory must be provided.** (Check as appropriate and provide the actual wording.)

Privacy Act Statement       Privacy Advisory       Not Applicable

This system is not the initial collection point for the PII. The PII is obtained from an existing DoD information system or electronic collection, therefore no Privacy Act Statement or Privacy Advisory is required.

**h. With whom will the PII be shared through data/system exchange, both within your DoD Component and outside your Component?**  
(Check all that apply)

Within the DoD Component

Specify.

The PII will be shared with authorized health care providers and identified super users within DHA/DoD medical treatment facilities (MTF) using this device.

Other DoD Components (i.e. Army, Navy, Air Force)

Specify.

The PII may be shared with authorized health care providers within US Navy and US Air Force MTFs.

Other Federal Agencies (i.e. Veteran's Affairs, Energy, State)

Specify.

The PII may be shared with required and authorized health care providers within other Federal Agencies supporting DoD beneficiaries (U.S. Coast Guard, Veterans Administration, Public Health Service, and Center for Disease Control).

State and Local Agencies

Specify.

Contractor (Name of contractor and describe the language in the contract that safeguards PII. Include whether FAR privacy clauses, i.e., 52.224-1, Privacy Act Notification, 52.224-2, Privacy Act, and FAR 39.105 are included in the contract.)

Specify.

The Manufacturer servicing the device may have access to some data. There may also be contractor radiologists providing radiology support who will need direct access to patient studies. Contracts for manufacturers and radiologists accessing this device include a standard Military Health System (MHS) Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement, DoD/HIPAA guidelines, and MEDCOM Information Assurance (IA) guidelines.

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

Specify.

**i. Source of the PII collected is:** (Check all that apply and list all information systems if applicable)

Individuals

Databases

Existing DoD Information Systems

Commercial Systems

Other Federal Information Systems

The PII is collected from the individual and existing information systems. The existing information systems include Composite Health Care System (CHCS), Armed Forces Health Longitudinal Technology Application (AHLTA), DoD Healthcare Management System Modernization Electronic Health Record (Genesis), and Medical imaging modalities.

**j. How will the information be collected?** (Check all that apply and list all Official Form Numbers if applicable)

E-mail

Official Form (Enter Form Number(s) in the box below)

In-Person Contact

Paper

Fax

Telephone Interview

Information Sharing - System to System

Website/E-Form

Other (If Other, enter the information in the box below)

Most PII is collected through an interface with the CHCS and AHLTA or can be entered manually into the system. Dictation and medical notes are either directly input or obtained from an interface with a dictation/transcription system. When necessary, information can be obtained from the individual to complete required data fields. Additionally, other notes and information can be added from scanned paper based documents or other electronic media.

**k. 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 must be consistent.

Yes       No

If "Yes," enter SORN System Identifier

EDHA-07

SORN Identifier, not the Federal Register (FR) Citation. Consult the DoD Component Privacy Office for additional information or <http://dpcl.d.defense.gov/Privacy/SORNs/>

or

If a SORN has not yet been published in the Federal Register, enter date of submission for approval to Defense Privacy, Civil Liberties, and Transparency Division (DPCLTD). Consult the DoD Component Privacy Office for this date

If "No," explain why the SORN is not required in accordance with DoD Regulation 5400.11-R: Department of Defense Privacy Program.

[Empty box for explanation]

**I. What is the National Archives and Records Administration (NARA) approved, pending or general records schedule (GRS) disposition authority for the system or for the records maintained in the system?**

(1) NARA Job Number or General Records Schedule Authority.

(2) If pending, provide the date the SF-115 was submitted to NARA.

(3) Retention Instructions.

FILE NUMBER: 927-17  
DISPOSITION: Temporary. Cut off after the end of the calendar year in which the last film was taken. Destroy 5 years after cutoff.

**m. What is the authority to collect information? A Federal law or Executive Order must authorize the collection and maintenance of a system of records. For PII not collected or maintained in a system of records, the collection or maintenance of the PII must be necessary to discharge the requirements of a statute or Executive Order.**

- (1) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act SORN should be similar.
- (2) If a SORN does not apply, 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) Cite the specific provisions of the statute and/or EO that authorizes the operation of the system and the collection of PII.
  - (b) If direct statutory authority or an Executive Order does not exist, indirect statutory 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) If direct or indirect authority does not exist, 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 must 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.

**n. Does this DoD information system or electronic collection have an active and approved Office of Management and Budget (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     No     Pending

- (1) If "Yes," list all applicable OMB Control Numbers, collection titles, and expiration dates.
- (2) If "No," explain why OMB approval is not required in accordance with DoD Manual 8910.01, Volume 2, " DoD Information Collections Manual: Procedures for DoD Public Information Collections."
- (3) If "Pending," provide the date for the 60 and/or 30 day notice and the Federal Register citation.

The information collected in this system is for the diagnosis and treatment of medical disorders and not considered a public information collection in accordance with DoDM 8910.01, Volume 2, Enclosure 3, paragraph 8b(5).

**SECTION 2: PII RISK REVIEW**

**a. What PII will be collected** (a data element alone or in combination that can uniquely identify an individual)? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Biometrics                      | <input checked="" type="checkbox"/> Birth Date                            | <input type="checkbox"/> Child Information  |
| <input checked="" type="checkbox"/> Citizenship          | <input type="checkbox"/> Disability Information                           | <input checked="" type="checkbox"/> DoD ID Number                                   |
| <input type="checkbox"/> Driver's License                | <input type="checkbox"/> Education Information                            | <input checked="" type="checkbox"/> Emergency Contact                               |
| <input type="checkbox"/> Employment Information          | <input type="checkbox"/> Financial Information                            | <input checked="" type="checkbox"/> Gender/Gender Identification                    |
| <input checked="" type="checkbox"/> Home/Cell Phone      | <input type="checkbox"/> Law Enforcement Information                      | <input checked="" type="checkbox"/> Legal Status                                    |
| <input checked="" type="checkbox"/> Mailing/Home Address | <input checked="" type="checkbox"/> Marital Status                        | <input checked="" type="checkbox"/> Medical Information                             |
| <input type="checkbox"/> Military Records                | <input type="checkbox"/> Mother's Middle/Maiden Name                      | <input checked="" type="checkbox"/> Name(s)   |
| <input type="checkbox"/> Official Duty Address           | <input type="checkbox"/> Official Duty Telephone Phone                    | <input checked="" type="checkbox"/> Other ID Number                                 |
| <input type="checkbox"/> Passport Information            | <input type="checkbox"/> Personal E-mail Address                          | <input type="checkbox"/> Photo  |
| <input checked="" type="checkbox"/> Place of Birth       | <input type="checkbox"/> Position/Title                                   | <input checked="" type="checkbox"/> Protected Health Information (PHI) <sup>1</sup> |
| <input checked="" type="checkbox"/> Race/Ethnicity       | <input type="checkbox"/> Rank/Grade                                       | <input type="checkbox"/> Religious Preference                                       |
| <input type="checkbox"/> Records                         | <input type="checkbox"/> Security Information                             | <input type="checkbox"/> Social Security Number (SSN) (Full or in any form)         |
| <input type="checkbox"/> Work E-mail Address             | <input type="checkbox"/> If Other, enter the information in the box below |   |

PHI: medical images.

If the SSN is collected, complete the following questions.

*(DoD Instruction 1000.30 states that all DoD personnel shall reduce or eliminate the use of SSNs wherever possible. SSNs shall not be used in spreadsheets, hard copy lists, electronic reports, or collected in surveys unless they meet one or more of the acceptable use criteria.)*

(1) Is there a current DPCLTD approved SSN Justification on Memo in place?

- Yes  No

If "Yes," provide the signatory and date approval. If "No," explain why there is no SSN Justification Memo.

SSN is not used in the collection of information.

(2) Describe the approved acceptable use in accordance with DoD Instruction 1000.30 "Reduction of Social Security Number (SSN) Use within DoD".

(3) Describe the mitigation efforts to reduce the use including visibility and printing of SSN in accordance with DoD Instruction 1000.30, "Reduction of Social Security Number (SSN) Use within DoD".

(4) Has a plan to eliminate the use of the SSN or mitigate its use and or visibility been identified in the approved SSN Justification request?

If "Yes," provide the unique identifier and when can it be eliminated?  
If "No," explain.

- Yes  No

DOD ID is being used instead of providing SSN

**b. What is the PII confidentiality impact level<sup>2</sup>?**  Low  Moderate  High

<sup>1</sup>The definition of PHI involves evaluating conditions listed in the HIPAA. Consult with General Counsel to make this determination.  
<sup>2</sup>Guidance on determining the PII confidentiality impact level, see Section 2.5 "Categorization of PII Using NIST SP 800-122." Use the identified PII confidentiality impact level to apply the appropriate Privacy Overlay low, moderate, or high. This activity may be conducted as part of the categorization exercise that occurs under the Risk Management Framework (RMF). Note that categorization under the RMF is typically conducted using the information types described in NIST Special Publication (SP) 800-60, which are not as granular as the PII data elements listed in the PIA table. Determining the PII confidentiality impact level is most effective when done in collaboration with the Information Owner, Information System Owner, Information System Security Manager, and representatives from the security and privacy organizations, such as the Information System Security Officer (ISSO) and Senior Component Official for Privacy (SCOP) or designees.