



Privacy Impact Assessment
for the

Alien Medical Tracking Systems

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DHS/ICE/PIA-031

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Abstract

U.S. Immigration and Customs Enforcement (ICE) provides medical care to and maintains medical records about aliens that ICE detains for violations of U.S. immigration law. The ICE Health Service Corps (IHSC), a division of ICE's Office of Enforcement and Removal Operations (ERO), has several information technology (IT) systems that are used to track information from medical records for aliens in ICE custody for various monitoring and reporting purposes. These are the Social Services Database, Hospitalization Database, Significant Detainee Illness Spreadsheet, Mental Health Coordination Database, Epidemiology Database, and Performance Improvement Database. This Privacy Impact Assessment (PIA) describes the data maintained in these medical tracking systems, the purposes for which this information is collected and used, and the safeguards ICE has implemented to mitigate privacy and security risks to personally identifiable information (PII) stored in these systems.

Overview

ERO is responsible for identifying, apprehending, detaining, and removing aliens who have violated the Immigration and Nationality Act. The IHSC provides medical evaluations, treatment, and services to aliens in ICE custody ("detainees") at detention facilities staffed by IHSC personnel. Additionally, the IHSC coordinates the continuity of care and ensures the appropriateness of medical care for detainees held in non-IHSC-staffed facilities.¹ IHSC does not have a single system that it uses to record and track all medical information for detainees. Instead, IHSC uses one collection of systems to record official medical records for detainees and another collection of systems to support medical tracking and reporting of detainees. Given the two collections of systems that IHSC uses for these discrete purposes – medical recordkeeping and medical tracking / reporting, DHS is publishing a separate PIA for each collection. Therefore, the DHS/ICE/PIA-029 Alien Medical Records Systems PIA² covers the systems that document medical treatment provided to detainees and associated medical records, while this PIA covers the various systems used to track information from detainee medical records for monitoring and reporting purposes.

IHSC uses five information technology systems to track detainees with serious or specific medical conditions and one IT system to monitor and assess the quality of the health care that is provided to detainees. The Medical Tracking Systems do not share data with each other or other systems, and each system has a limited number of authorized users. These six systems are described below.

¹ Detainees are housed in three types of detention facilities operated by or on behalf of ICE: Service Processing Centers (SPC), which are ICE-operated facilities; Contract Detention Facilities (CDF), which are owned and operated by private sector companies with which ICE contracts for detention services; and Intergovernmental Service Agreement (IGSA) facilities, which are operated by a city, county, or state government with which ICE contracts for detention services and/or leases bed space. IHSC personnel provide medical care to detainees in all Service Processing Centers, at most Contract Detention Facilities, and at some IGSA facilities.

² See DHS/ICE/PIA-029 Alien Medical Records Systems PIA at <http://www.dhs.gov/xlibrary/assets/privacy/privacy-pia-ice-arms.pdf>.



Systems Tracking Medical Conditions

The *Social Services Database* is maintained at IHSC headquarters and is used by a limited number of IHSC headquarters staff to track detainees at any detention facility who are subject to a Post Order Custody Review (POCR). POCRs are required for any detainees held by ICE for more than 180 days after an Immigration Judge has issued an order of removal, which occurs when there is a delay in obtaining foreign travel documents necessary to return the detainee to his or her home country. Detainees subject to a POCR remain in ICE custody when they are determined to have mental health issues, a history of violent crime, and a propensity for violence in the future. These cases are reviewed on a routine basis to ensure that the detainees still have medical conditions and a propensity for violence that prevent them from being removed or released from ICE custody. The Social Services Database is used to track when these reviews occur and the outcome. The system contains detainee information such as name, date of birth, Alien Registration Number (A-Number), criminal history information, and basic information about the detainee's care including the date the detainee began treatment, the detainee's diagnosis and medications, and notes related to the diagnosis and treatment.

The *Hospitalization System* is centralized within IHSC and is used by a limited number of staff at IHSC headquarters, by select staff at IHSC-staffed facilities, and by IHSC field medical coordinators assigned to ICE field offices.³ The system is used to track detainees at any detention facility who are either sent to the hospital to receive treatment, or remain in the detention facility but need to be closely monitored by the facility's medical personnel. This system tracks detainees who:

- (1) Are sent to a hospital to receive in-patient medical treatment;
- (2) Are sent to the emergency room;
- (3) Are on a hunger strike;
- (4) Have threatened or attempted suicide;
- (5) Require on-site medical observation for physical or psychological reasons;
- (6) Require outside medical treatment for either physical or psychological reasons and are sent for off-site consultation; or
- (7) Are under a "Medical Hold." A medical hold is placed on a detainee when a medical provider determines that the detainee cannot be transported for a medical reason.

The Hospitalization System contains detainee information such as name, A-Number, detention facility, diagnosis, notes related to their medical treatment, and relevant documents such as lab results, X-Rays, or summaries of treatment that are relevant to their medical care. If the detainee has been sent to the hospital, the name of the hospital is recorded along with the date of admission. If the detainee is on a hunger strike, the date when the hunger strike started and ended is recorded. If the detainee is on suicide

³ Field medical coordinators are IHSC employees who serve as liaisons between the medical staff in the detention facilities and hospitals and other medical facilities in the community. They help coordinate detainee care to ensure that detainees receive the care they need.



watch, the date the detainee first threatened suicide and the date when the suicide watch started and ended is recorded.

The *Significant Detainee Illness Spreadsheet* is maintained at ICE headquarters and is used by a limited number of IHSC headquarters staff. IHSC uses this system to track detainees at any detention facility whose conditions have been determined to warrant close monitoring by IHSC headquarters, such as those diagnosed with a terminal or other significant disease, or detainees on hunger strikes whose health has deteriorated to a point of concern. To identify detainees to be included on the Significant Detainee Illness Spreadsheet, detention facilities submit names of detainees that they recommend for inclusion on the spreadsheet to select IHSC headquarters staff. These IHSC staff members discuss the health of these detainees with the facility medical personnel who have treated them and review the requests for outside medical treatment that have been submitted for these detainees in the Medical Payment Authorization Request System (MedPAR).⁴ The spreadsheet contains information about each detainee to be monitored including biographic information such as name, date of birth, and A-Number; the detention facility where the detainee is located; and medical information about the detainee including diagnosis, vital signs, and basic clinical notes.

The *Mental Health Coordination Database* is used by a limited number of IHSC headquarters staff to track detainees with severe mental health issues who are sent to an outside medical facility to receive long-term treatment. To identify detainees for inclusion in this database, IHSC staff review MedPAR requests for outside treatment and are in contact with detention facility medical staff. The database contains information about detainees including biographic information such as name, date of birth, and country of birth; name of the outside mental health facility, date of admission, and the facility point of contact for the detainee (e.g., doctor or case management specialist); and the detainee's diagnosis and related notes.

The *Epidemiology Database* is centralized within IHSC and used by a limited number of staff at IHSC headquarters and at IHSC-staffed facilities in order to track detainees at any detention facility with tuberculosis and other serious infectious diseases. A record is created in the system each time a detainee is suspected to have contracted such infectious diseases. The system contains biographic information about the detainee including name, A-Number, date of birth, and country of birth; information about the detainee's health including disease information, medical tests administered related to the disease and their results, notes related to the detainee's health and treatment; and detention information including the name of the detention facility, book-in (admission) date, and housing unit. The system also produces a number of different reports which are used internally to track detainees with these illnesses, or to report detainees with infectious diseases to outside entities such as local and state agencies, the U.S. Centers for Disease Control and Prevention (CDC), TBNet, and CureTB.⁵

⁴ See DHS/ICE/PIA-029 Alien Medical Records Systems PIA at <http://www.dhs.gov/xlibrary/assets/privacy/privacy-pia-ice-arms.pdf> for more information about MedPAR and how it is used.

⁵ TBNet is a program run by the Migrant Clinicians Network, a private organization, and CureTB is a division of the County of San Diego. Both organizations arrange continuity of care for individuals with tuberculosis that are leaving the United State and are going to another country or have already left the United States.



System Tracking Quality of Care

The *Performance Improvement Database* is a centralized system used by limited IHSC headquarters staff and by limited staff at IHSC-staffed facilities. IHSC uses the system to improve the quality of care that is provided to detainees in IHSC-staffed facilities by identifying areas for improvement and monitoring progress in those areas. The system helps IHSC assess compliance with established standards of medical care by facilitating reviews of medical records. IHSC randomly selects medical records for review and an IHSC staff member logs onto the system to conduct the review. The system asks the user pre-defined questions about the records and the medical care provided, then the user examines the records and enters the answers into the system. For each randomly selected medical record that is reviewed, the reviewer enters into the system the detainee's A-Number (which serves as the medical record ID number), the date(s) of treatment, the detainee's diagnosis, the medical provider who treated the detainee, and the detention facility name. The system tracks all the records reviewed and provides a score at the end. To improve the quality of health care provided, the Performance Improvement Database also allows IHSC-staffed detention facilities to develop performance improvement plans including noting changes made from the previous quarter and developing a strategy for addressing the areas where improvement is needed.

Section 1.0 Authorities and Other Requirements

1.1 What specific legal authorities and/or agreements permit and define the collection of information by the project in question?

Pub. L. No. 110-329, 122 Stat. 3574, 3658 (2008): An Act making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2008, including for necessary expenses for enforcement of immigration and customs laws, detention and removals, and investigations.

44 U.S.C. § 3101: A statute mandating, *inter alia*, that the head of each federal agency make and preserve records containing adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency.

8 U.S.C. §§ 1103, 1222, 1231: Statutes charging the Department of Homeland Security with, *inter alia*, enforcement of immigration laws and control of all the files and records of the service; authorizing physical and mental examination of detained and arriving aliens; and authorizing the detention and removal of aliens ordered removed.

42 U.S.C. § 249: A statute prescribing the medical care and treatment of aliens detained by the Department of Homeland Security.

It is important to note that DHS/ICE/IHSC is not subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulation, "Standards for Privacy of Individually Identifiable Health Information" (Privacy Rule), 45 CFR Parts 160 and 164. IHSC does not meet the



statutory definition of a covered plan under HIPAA, 42 U.S.C. § 1320d(5), and is specifically carved out of the application of HIPAA as a “government funded program whose principal activity is the direct provision of healthcare to persons.” 45 CFR § 160.103 (definition of a health plan). Because DHS/ICE/IHSC is not a covered entity, the restrictions proscribed by the HIPAA Privacy Rule are not applicable.

1.2 What Privacy Act System of Records Notice(s) (SORN(s)) apply to the information?

DHS/ICE-013 Alien Medical Records SORN, November 9, 2009, 74 FR 57688 (also available at <http://edocket.access.gpo.gov/2009/E9-26910.htm>)

1.3 Has a system security plan been completed for the information system(s) supporting the project?

ICE has assessed the Medical Tracking Systems which reside within the IHSC General Support System (GSS) environment and determined that they are protected and managed by IHSC GSS’s security controls. The IHSC GSS security package is in the process of being updated to reflect the Medical Tracking Systems. Therefore the Medical Tracking Systems will inherit the Authority To Operate (ATO) of the IHSC GSS which was granted August 19, 2011.

1.4 Does a records retention schedule approved by the National Archives and Records Administration (NARA) exist?

The records in these systems will be retained for ten (10) years from the date of creation with cutoff at the end of the fiscal year. There is an approved records retention schedule for the records in the Medical Tracking Systems but it is being updated with the new retention period for the records in the Medical Tracking Systems.

1.5 If the information is covered by the Paperwork Reduction Act (PRA), provide the OMB Control number and the agency number for the collection. If there are multiple forms, include a list in an appendix.

This information is not covered by the Paperwork Reduction Act because the information in the Medical Tracking Systems are not collected from the detainees directly, but are extracted from the detainees’ paper or electronic medical records.



Section 2.0 Characterization of the Information

The following questions are intended to define the scope of the information requested and/or collected, as well as reasons for its collection.

2.1 Identify the information the project collects, uses, disseminates, or maintains.

Social Services Database

This system contains the following types of information:

- Detainee name, date of birth, country of birth, and A-Number or Bureau of Prisons (BOP) Number;⁶
- Detainee's criminal history information relevant to the detainee's treatment or the safety of the provider;
- Information about the medical care provided including the diagnosis, medications, and related notes;
- ICE detention facility name, address, phone number and fax number;
- Facility point of contact name, phone number, and fax number;
- Note from the provider who performs the POOCR. This includes the name of the provider, date of review, and relevant medical notes.

The system produces two standard reports. The first report shows which cases IHSC headquarters staff are monitoring and cases that they are no longer monitoring. The second report is used to help identify duplicate records in the system. Each report contains the detainee's name, A-Number, date of birth, the facility treating the detainee, the dates when treatment started and stopped, and the status of the treatment.

Hospitalization System

This system contains the following types of information:

- Detainee name, date of birth, gender, and A-Number or BOP Number;
- Detainee's detention facility;
- Name of the hospital where the detainee is being treated and the date of admission;
- Medical condition and information related to it;
- Start and end date if the detainee is placed on suicide watch or is on a hunger strike; and

⁶ In an arrangement with the United States Marshal's Service, ICE houses USMS prisoners at a few of ICE's detention facilities. IHSC provides medical services to those prisoners while they remain at the ICE facility and maintains records accordingly.



- Notes, lab reports, X-Rays, and other documents related to the detainee's health and care.

The system also produces three standard reports. The first report shows all individuals who do not have a discharge date and includes each detainee's name, A-Number, date of birth, the medical facility treating the detainee, and the diagnosis. The second report shows those detainees currently on a hunger strike and includes each detainee's name, A-Number, date of birth, detention facility, and the date the hunger strike started. The third report provides information on detainees who have threatened or attempted to commit suicide and includes each detainee's name, A-Number, date of birth, detention facility, and the date the suicide watch started. In addition to these canned reports, users are also able to develop customized reports and determine what information will be in their reports.

Significant Detainee Illness Spreadsheet

This system contains the following types of information:

- Detainee name, date of birth, country of birth, and A-Number or BOP Number;
- The detention facility where the detainee is located;
- Whether the detainee is subject to mandatory detention, has family in the United States, and is able to travel and attend court;
- The detainee's diagnosis, vital signs, information on lab results, and notes related to the detainee's health; and
- If the detainee has been hospitalized, the name of the hospital, the date of admission, and the date of discharge.

The system produces one standard report that is given to ERO management. For each detainee, the report contains the information listed above except for vital signs, lab results, and notes on detainee health.

Mental Health Coordination Database

This system contains the following types of information:

- Detainee name, date of birth, gender, country of birth, and A-Number or BOP Number;
- Name of the mental health facility treating the detainee, the detainee's admission date to the facility, and date of discharge from the facility;
- Name and contact information of a point of contact for the detainee at the facility such as the detainee's doctor or case management specialist;
- Detainee's diagnosis and notes related to the diagnosis;
- Indication if the detainee has a final order of removal or is in legal proceedings; and



- Indication of how to handle the detainee after treatment is finished: return to general population or to the short stay unit in the facility, continue treatment in another facility, release the detainee into the community, or remove the detainee from the United States.

This system does not have standard reports but system users are able to produce customized reports such as a listing all detainees housed at a certain facility or all detainees with a certain diagnosis. These reports may include the detainee's name, A-Number, date of birth, the medical facility treating the detainee, and the diagnosis.

Epidemiology System

The system contains the following types of information:

- Detainee name, date of birth, gender, and country of birth, and A-Number or BOP Number;
- Information about the detainee's health, specifically disease information, the date of the onset of symptoms, medical tests administered and their results, and notes related to the detainee's current health and treatment;
- Information about the detainee's detention, specifically the name and type of detention facility, book in date, and housing unit; and
- Detainee's custody release status (e.g., released, released on bond, transferred to state custody, voluntary removal, removed). (Note: even though the detainees may no longer be in ICE custody, ICE may continue to work with other agencies or entities to ensure compliance regarding the treatment of their disease.)

The system also produces several different standard reports. One report lists all detainees in the system who have tuberculosis, influenza, and other infectious diseases. The report lists each detainee's name, A-Number, date of birth, detention facility, and disease including onset date and the date it was reported. A second report is used to report tuberculosis cases to state and local agencies as required by law, and to the CDC. The report contains basic demographic information about the detainee, information about the detainee's condition, and the date when symptoms first started to appear. With the detainee's consent, the information in the report may also be shared with TBNNet. The system also allows users to develop customized reports. Some of the customized reports only show statistics such as the number of users in a given facility during a given time period that have a particular disease such as influenza or varicella (chickenpox). Other customized reports contain detainee PII such as name, A-Number, date of birth, country of birth, and illness.

Performance Improvement System

This system contains the following types of information:

- Detainee A-Number or BOP Number;
- Date the detainee met with medical personnel;



- Provider who treated the detainee;
- Provider's diagnosis of the detainee;
- Detention facility;
- Reviewer's responses including free text answers to the questions asked by the system during the review; and
- Information provided for a detention facility's improvement plan including the existing issues and steps to be taken to make improvements.

The system produces two types of standard reports, neither of which contain PII. IHSC uses these statistical reports to conduct performance improvement reviews by facility and by review category (e.g., infection control, intake screening, chronic care, and special monitoring.)

2.2 What are the sources of the information and how is the information collected for the project?

ICE obtains this information from the detainees' medical records, which are maintained both in paper and electronic form. (ICE's medical records are described in greater detail in the Alien Medical Records Systems PIA.)⁷ The data in the medical records is obtained from the detainees themselves, from any other medical records concerning the detainee (e.g., records from other detention facilities, outside care providers, or family doctor), lab results, or imaging results. The data also may be obtained from the IHSC medical providers who provide care or conduct examinations, and from ICE employees/contractors or others at the detention facility who observe and report information captured in a medical record because it is relevant to detainee health. Other sources of information include outside providers, such as hospitals, laboratories, and the residential treatment facilities where some detainees are sent for treatment.

MedPAR, one of ICE's medical records IT systems, is a source of information for some of the medical tracking systems. MedPAR is a web application used to authorize payment for medical, mental health, dental, and other specialty services and equipment provided to detainees by outside specialists and facilities. IHSC headquarters staff regularly review payment requests submitted in MedPAR and use the information in those requests to identify detainees to be tracked in the Social Services Database, Significant Detainee Illness Spreadsheet, Mental Health Coordination Database, and Hospitalization Database. For example, IHSC headquarters staff members who specialize in mental health review MedPAR requests to identify detainees who have been referred for outside mental health treatment and include those individuals in the Mental Health Coordination Database. MedPAR is explained fully in the DHS/ICE/PIA-029 Alien Medical Records Systems PIA.

The ICE Enforcement Integrated Database (EID)⁸ also provides information that is used by the Hospitalization Database and the Epidemiology Database. Each day, an EID extract containing

⁷ See DHS/ICE/PIA-029 Alien Medical Records Systems PIA at <http://www.dhs.gov/xlibrary/assets/privacy/privacy-pia-ice-arms.pdf>.

⁸ See DHS/ICE/PIA-015 Enforcement Integrated Database (EID) PIA at



information about detainees in ICE's custody and the facilities where they are housed is made available to the Hospitalization Database and the Epidemiology Database. Whenever a user creates a new record in either system, the user retrieves information about the detainee from the EID extract including the detainee's name, date of birth, gender, A-Number, and detention facility so that the user does not need to manually enter the information into the new record.

2.3 Does the project use information from commercial sources or publicly available data? If so, explain why and how this information is used.

The medical tracking systems do not use information from commercial sources or publicly available data.

2.4 Discuss how accuracy of the data is ensured.

The accuracy and completeness of the data in the medical tracking systems is maintained in two ways. First, much of the information in the medical tracking systems about detainees and their health is obtained directly from the detainees' medical records. As noted above, the Performance Improvement Database is used to perform quarterly audits on medical records to improve the quality of care. These audits help to identify issues that may cause data quality problems in medical records, which leads to those problems being addressed or mitigated by IHSC management.

Second, as mentioned above, the data in the EID extract provides the Hospitalization Database and the Epidemiology Database with certain basic information about detainees. The EID data provided to the two systems relieves users of the need to manually enter this information in the Hospitalization Database and the Epidemiology Database, thus reducing the likelihood of data entry errors.

2.5 Privacy Impact Analysis: Related to Characterization of the Information

Privacy Risk: There is a risk to data quality and accuracy because information from detainee medical records is manually entered into several of the medical tracking systems.

Mitigation: This risk is mitigated somewhat in two ways. First, the audits performed on medical records using the Performance Improvement Database help identify and correct problems with information in the medical records. Although these audits cannot prevent errors as data is manually entered in the medical tracking systems, the audits do help to ensure that the medical records contain accurate information.

Second, as mentioned above, detainee data in EID is provided to the Hospitalization Database and the Epidemiology Database. This removes the need for users to manually enter some information in the



Hospitalization Database and the Epidemiology Database, thus reducing the likelihood of data entry errors.

Section 3.0 Uses of the Information

The following questions require a clear description of the project's use of information.

3.1 Describe how and why the project uses the information.

IHSC uses the information in five of the six medical tracking systems to monitor detainees with different health care needs to ensure they receive the care they need. The Social Services Database is used to track when detainees subject to a PO CR have their cases reviewed. The Social Services Database is only used by a limited number of IHSC headquarters staff to track detainees at any detention facility who are subject to a Post Order Custody Review (POCR). Only those IHSC headquarters personnel whose duties include the tracking of detainees who are subject to a PO CR, and therefore have a need to know, are granted access privileges to this database. IHSC staff in the field do not have a need to know and therefore are not granted access privileges to this database.

The Significant Detainee Illness Spreadsheet and the Hospitalization System enable ICE to monitor detainees who are seriously ill including those on a hunger strike or on suicide watch. Access privileges to the Hospitalization System are granted only to IHSC staff who have a need to know because their duties include the tracking of detainees who are either sent to the hospital to receive treatment, or remain in the detention facility but need to be closely monitored by the facility's medical personnel. Specifically, access is granted to a limited number of IHSC headquarters staff, to select staff at IHSC-staffed facilities, and to IHSC field medical coordinators assigned to ICE field offices. Other personnel do not have a need to know and therefore are not permitted access. Access privileges to the Significant Detainee Illness Spreadsheet are granted to only a limited number of IHSC headquarters staff who have a need to know because their duties include the tracking of detainees whose conditions have been determined to warrant close monitoring by IHSC headquarters, such as those diagnosed with a terminal or other significant disease, or detainees on hunger strikes whose health has deteriorated to a point of concern. IHSC staff in the field do not have a need to know and therefore are not granted access privileges to this spreadsheet.

The Mental Health Coordination Database is used to track detainees who, due to severe mental health issues, cannot be treated in their detention facility and must be sent for outside treatment. Access privileges to the Mental Health Coordination Database are granted to IHSC headquarters staff who have a need to know because their duties include the tracking of detainees with severe mental health issues who are sent to an outside medical facility to receive long-term treatment. IHSC staff in the field do not have a need to know and therefore are not granted access privileges to this database.

IHSC uses the Epidemiology Database to track detainees who have tuberculosis and other infectious diseases, as well as to share information with public health agencies as required and with other organizations to help coordinate their treatment post-removal. Access privileges to the Epidemiology



Database are granted to a limited number of staff at IHSC headquarters and at IHSC-staffed facilities who have a need to know because their duties include tracking detainees with tuberculosis and other serious infectious diseases. Other personnel do not have a need to know and therefore are not permitted access.

IHSC uses the Performance Improvement Database to monitor the quality of care that is provided to detainees in IHSC-staffed facilities and the adherence to standards of care. IHSC uses the system to identify issues and make changes in order to improve the quality of care that detainees receive. Access privileges to the Performance Improvement Database are granted to a limited number of IHSC headquarters staff and to limited staff at IHSC-staffed facilities who have a need to know because their duties include conducting performance improvement reviews and other quality control activities, such as development and tracking progress on facility performance improvement plans. Other personnel do not have a need to know and therefore are not permitted access.

3.2 Does the project use technology to conduct electronic searches, queries, or analyses in an electronic database to discover or locate a predictive pattern or an anomaly? If so, state how DHS plans to use such results.

The medical tracking systems do not use technology to conduct electronic searches, queries, or analyses in an electronic database to discover or locate a predictive pattern or an anomaly.

3.3 Are there other components with assigned roles and responsibilities within the system?

No other DHS components have access to the medical tracking systems.

3.4 Privacy Impact Analysis: Related to the Uses of Information

Privacy Risk: There is a risk that the information may not be handled in accordance with the uses described above.

Mitigation: This risk is mitigated in several ways. First, all users of these systems receive a copy of the DHS Rules of Behavior and are required to acknowledge them. The Rules of Behavior clearly explain what users can and cannot do with DHS IT systems and the information they contain. Users receive hands-on system training from experienced IHSC users, as well as annual ICE privacy and security training. Some systems, such as the Performance Improvement Database, the Epidemiology System, and the Hospitalization Database, also have written user guides that explain the purpose of the systems and how to use them properly. These systems all limit access to only a discrete number of users who work for IHSC and who have a need to know because access is directly related to their job duties. Some of the systems are also accessible only by IHSC headquarters staff.



Section 4.0 Notice

The following questions seek information about the project's notice to the individual about the information collected, the right to consent to uses of said information, and the right to decline to provide information.

4.1 How does the project provide individuals notice prior to the collection of information? If notice is not provided, explain why not.

Notice is provided to detainees in several ways. First, a privacy notice is posted in various parts of the facility and is included in the detainee handbook, which is a set of paper materials provided to every detainee in ICE custody. This notice helps make detainees aware of the information being collected and how it is being used. Second, during the initial intake, detainees are provided with a consent form permitting ICE to share the information as needed in order to treat them. Third, as noted above, qualified medical providers meet with detainees individually and collect medical information directly from them. Detainees are free to choose to not share any medical information. If a detainee chooses not to provide any information, the detainee is provided with a refusal form on which he or she can indicate his or her unwillingness to provide information to the medical provider.

The publication of this PIA and the DHS/ICE-013 Alien Medical Records SORN provide the general public with notice on the existence of the medical tracking systems and the information that they contain.

4.2 What opportunities are available for individuals to consent to uses, decline to provide information, or opt out of the project?

As noted above and in the Alien Medical Records Systems PIA, detainees have the ability to consent to let IHSC collect their medical information in order to treat them, and this information is stored in the medical records systems. The information in these systems is then used by IHSC to identify detainees with particular health concerns that IHSC monitors using the various medical tracking systems. Detainees who are monitored using the medical tracking systems are identified due to their medical condition and the medical information in their medical records. Thus, detainees are neither able to consent to how their information is used in the medical tracking systems nor are able to opt out of the use of their information in these systems.

4.3 Privacy Impact Analysis: Related to Notice

Privacy Risk: There is a risk that detainees will not know that information about them is being used in the medical tracking systems.

Mitigation: As noted above, detainees are not able to consent to their information being used in the medical tracking systems. Using the information in the detainee medical records, users enter information about detainees in the various medical tracking systems so that IHSC can effectively monitor



them and ensure they receive the care they need. The publication of this PIA and the DHS/ICE-013 Alien Medical Records SORN help mitigate this risk by providing a detailed description of the systems and how the data is used.

Section 5.0 Data Retention by the project

The following questions are intended to outline how long the project retains the information after the initial collection.

5.1 Explain how long and for what reason the information is retained.

The retention period for the information in all the medical tracking systems is ten years after the record is created with cutoff at the end of the fiscal year. After ten years, the records are destroyed. Maintaining the records for ten years after creation is a medical community standard and helps ensure that the records are available while a detainee is in ICE custody and if any additional follow up is needed after the detainee leaves ICE custody.

5.2 Privacy Impact Analysis: Related to Retention

There are no privacy risks related to retention because ICE is keeping the records for a relatively short period of time and then they are destroyed when they are no longer needed.

Section 6.0 Information Sharing

The following questions are intended to describe the scope of the project information sharing external to the Department. External sharing encompasses sharing with other federal, state and local government, and private sector entities.

6.1 Is information shared outside of DHS as part of the normal agency operations? If so, identify the organization(s) and how the information is accessed and how it is to be used.

Information from the Epidemiology Database is shared outside of DHS as part of normal agency operations. IHSC uses the Epidemiology Database to track detainees who have tuberculosis and other infectious diseases. ICE is required to report individuals who have certain diseases, such as tuberculosis, to the CDC and to state and local health departments in order to protect public health and ensure continuity of care. In addition, ICE also contacts TBNNet (with detainees' consent) and CureTB to ensure that the individuals receive continuity of care if they are removed from the United States to another country. ICE typically submits detainee information to the CDC, state and local health departments, TBNNet, and CureTB via fax or encrypted e-mail.



6.2 Describe how the external sharing noted in 6.1 is compatible with the SORN noted in 1.2.

SORN coverage for the medical tracking systems is provided by the DHS/ICE-013 Alien Medical Records SORN. The purpose of the SORN is to support ICE in caring for detainees in its custody. The external sharing of the records in the medical tracking systems for the uses described above is compatible with this purpose.

6.3 Does the project place limitations on re-dissemination?

Reporting communicable diseases to the CDC and other organizations is intended to permit the analysis and containment of such diseases, and the continuing care and treatment of those affected. Re-dissemination of information by these entities is governed by public health laws and standards of medical care and practice, and any associated confidentiality requirements.

6.4 Describe how the project maintains a record of any disclosures outside of the Department.

ICE keeps copies of the reports that it sends to the CDC, state and local health departments, TBNNet, and CureTB in either CaseTrakker,⁹ one of ICE's medical records IT systems, or in paper files.

6.5 Privacy Impact Analysis: Related to Information Sharing

Privacy Risk: There is a risk that data will be inappropriately shared with persons outside the Department who do not have a need to know.

Mitigation: Only data from the Epidemiology Database is shared outside of DHS as part of normal agency operations. IHSC uses the Epidemiology Database to track detainees who have tuberculosis and other infectious diseases. ICE is required to report individuals who have certain diseases to the CDC and to state and local health departments. For those with tuberculosis, in addition to contacting the CDC and state and local health departments, ICE also contacts TBNNet and CureTB to ensure continuity of medical care and treatment for these individuals once they are removed. These recipients all have a need to know this information in order to carry out public health laws related to infectious disease control, and to ensure continuity of care for individuals once removed to a foreign country.

⁹ See DHS/ICE/PIA-029 Alien Medical Records Systems PIA at <http://www.dhs.gov/xlibrary/assets/privacy/privacy-pia-ice-arms.pdf> for more information about CaseTrakker and how it is used.



Section 7.0 Redress

The following questions seek information about processes in place for individuals to seek redress which may include access to records about themselves, ensuring the accuracy of the information collected about them, and/or filing complaints.

7.1 What are the procedures that allow individuals to access their information?

Individuals may request access to their records in the medical tracking systems in two ways. First, they can make a written request and provide it to any staff member in an IHSC-staffed health unit in a detention facility. This written request can be made using a Form G-639, *Freedom of Information/Privacy Act Request* form. Second, individuals may choose to file a FOIA request with the ICE FOIA Office seeking a copy of their records in these systems. For additional information on filing a FOIA request with the ICE FOIA Office, individuals may contact the ICE FOIA Office at (866) 633-1182 or visit the ICE FOIA Office's website (<http://www.ice.gov/foia>).

Additionally, individuals seeking notification of and access to any record contained in the DHS/ICE-013 Alien Medical Records System of Records, or seeking to contest its content, may submit a request to the ICE FOIA Office. If an individual believes more than one component maintains Privacy Act records concerning him or her, the individual may submit the request to the Chief Privacy Officer, Department of Homeland Security, 245 Murray Drive, S.W., Building 410, STOP-0655, Washington, D.C. 20528.

7.2 What procedures are in place to allow the subject individual to correct inaccurate or erroneous information?

Individuals may seek correction of any incorrect information by submitting a request to correct the data. The data correction procedures are outlined in the DHS/ICE-013 Alien Medical Records SORN. Additionally, individuals seeking notification of and access to any record contained in the DHS/ICE-13 Alien Medical Records System of Records, or seeking to contest its content, may submit a request to the ICE FOIA Office. Please contact the ICE FOIA Office at (866) 633-1182 or see the ICE FOIA Office's website (<http://www.ice.gov/foia>) for additional information. If an individual believes more than one component maintains Privacy Act records concerning him or her, the individual may submit the request to the Chief Privacy Officer, Department of Homeland Security, 245 Murray Drive, S.W., Building 410, STOP-0655, Washington, D.C. 20528. If it turns out that information in the medical records is incorrect, an addendum will be made to the record to correct the error.

7.3 How does the project notify individuals about the procedures for correcting their information?

The procedure for submitting a request to correct information is outlined in the Alien Medical Records SORN and in this PIA in Questions 7.1 and 7.2.



7.4 Privacy Impact Analysis: Related to Redress

There are no significant privacy risks related to redress.

Section 8.0 Auditing and Accountability

The following questions are intended to describe technical and policy based safeguards and security measures.

8.1 How does the project ensure that the information is used in accordance with stated practices in this PIA?

Each of the medical tracking systems has protections in place to help ensure that the data in the system is used appropriately. The Social Services Database and the Mental Health Coordination Database are Access databases that reside in protected folders on the network that are only accessible by a limited number of IHSC headquarters users who have a need to know. Additionally, both systems are password-protected with the password being changed every 90 days. The audit records of the databases record the user ID, date, and time of all changes made to the data.

The Hospitalization System is a web application and SQL database used by a limited number of staff at IHSC-staffed facilities and at IHSC headquarters and by field medical coordinators assigned to ICE field offices. These personnel have been determined to have a need to know. Each user has a unique username and password and the system records the user ID, date, and time of all changes made to the data.

The Significant Detainee Illness Spreadsheet is an Excel spreadsheet stored on the network in a protected folder accessible by only select IHSC headquarters users who have a need to know. The information in the spreadsheet is reviewed and updated each week, and old copies of the spreadsheet are stored in a password protected WinZip file in the folder whose password is changed every 90 days. This enables IHSC to track changes that are made to the spreadsheet while ensuring only those with a need to know can access the information.

The Epidemiology System is a web application and SQL database accessible by limited IHSC staff members in IHSC-staffed facilities and by limited IHSC headquarters personnel who have a need to know. Each user logs into the system using a unique username and password and the system records the user ID, date, and time of all changes made to the data. Users can only see data for the sites that they have been authorized to see.

The Performance Improvement Database is a web application and SQL database used by limited staff at IHSC headquarters and at IHSC-staffed facilities who are responsible for performance improvement. Each user is assigned a unique user ID and password to log into the system. The system records the user ID, date, and time of all changes made to the data.



In addition to the auditing that the individuals systems do, the network also records the date and time when changes are made and the user ID of the person who made the change.

8.2 Describe what privacy training is provided to users either generally or specifically relevant to the project.

All IHSC users must take annual privacy and security training and review and sign the DHS Rules of Behavior.

8.3 What procedures are in place to determine which users may access the information and how does the project determine who has access?

Only IHSC employees and contractors are permitted to access these systems. Users located in a detention facility must have their access approved by the facility's Health Service Administrator or Assistant Health Service Administrator, both of whom are senior IHSC personnel, and access is granted based on the user's job responsibilities and need to enter or view data in the system. Access for users at IHSC headquarters and access for the field medical coordinators is determined by the relevant unit supervisor (e.g., access to Mental Health Database is determined by the chief of the IHSC Mental Health Unit, access to Performance Improvement is determined by the chief of the IHSC Quality Assurance Unit), again based on job responsibilities and user need. User access is terminated when no longer required.



8.4 How does the project review and approve information sharing agreements, MOUs, new uses of the information, new access to the system by organizations within DHS and outside?

ICE does not have any information sharing agreements concerning this information, nor does it envision the expansion of the systems' users or the intended uses of the information in such a way that any information sharing agreements would be required. In the event that such changes are considered, ERO would engage the ICE Privacy Office to discuss the intended expanded users and/or uses of this information and to update the relevant privacy compliance documentation (including this PIA) as appropriate.

Responsible Officials

Lyn Rahilly
Privacy Officer
U.S. Immigration and Customs Enforcement
Department of Homeland Security

Approval Signature

Mary Ellen Callahan
Chief Privacy Officer
Department of Homeland Security



Appendix A

Below is the privacy notice that is posted in various parts of the detention facility and that is included in the detainee handbook, which every detainee in ICE custody receives. This notice helps make detainees aware of the information being collected and how it is being used.

Privacy Notice Regarding the Collection of Your Information for Your Medical Care

What is ICE's legal authority for collecting this information?

The collection of this information is authorized by 8 U.S.C. § 1222 and 42 U.S.C. § 249.

Why is this information being collected?

ICE is committed to protecting your health while you are in ICE custody. In order to effectively do so, ICE medical personnel will collect information about you and your medical history including health conditions you have, medications you take, and special needs you have as a result of a medical condition. The information may be collected in various ways including through forms that you complete or discussions you have with medical personnel.

How will the information be used and with whom will it be shared?

The information is used by ICE to care for you while you are in ICE custody and to provide you with medical care that you may need. If you need medical treatment that ICE is unable to provide, ICE may send you to an outside medical provider and share relevant medical information about you with that provider so that the provider may properly treat you. If you are transferred to another facility or to the custody of another domestic or foreign government agency, or are removed to another country, medical information may be shared with that facility, agency, or country to help ensure continuity in your care. Your information may also be shared with federal and state reporting agencies for purposes of disease surveillance and control and with accrediting agencies that accredit ICE facilities. Additionally, because the U.S. Department of Veterans Affairs (VA) is responsible for payment of billable services for medical care provided to individuals in ICE custody, information about you will be shared with the VA to enable them to issue payment to medical providers who treat you. Finally, your medical information may be shared with the Department of Justice or with the United States Courts if it is relevant to competency issues or legal proceedings.

Am I required to provide this information?

Furnishing this information is voluntary. However, if you choose not to provide the requested information, it could have a negative impact on your care or health because ICE may not have the information it needs to properly care for you.