Privacy Impact Assessment
for the

Alien Medical Records Systems

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Abstract

U.S. Immigration and Customs Enforcement (ICE) maintains medical records on aliens that ICE detains for violations of U.S. immigration law. Aliens held in ICE custody in a facility staffed by the ICE Health Services Corps (IHSC), a division of ICE's Office of Enforcement and Removal Operations (ERO), receive physical exams and treatment, dental services, and pharmacy services, depending on the alien's medical conditions and length of stay. To properly record the medical assessments and services, ICE operates several information technology (IT) systems that maintain electronic medical record information: CaseTrakker, MedEZ, Dental X-Ray System, the Criminal Institution Pharmacy System, the Medical Payment Authorization Request System (MedPAR), and the Medical Classification Database. This Privacy Impact Assessment (PIA) describes the data maintained in these medical record systems, the purposes for which this information is collected and used, and the safeguards ICE has implemented to mitigate the 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 held in detention facilities ("detainees") staffed by IHSC personnel.[1] IHSC maintains six IT systems that record and manage information related to the medical evaluation and treatment of detainees, and the processing of claims for payments to outside medical service providers.

- CaseTrakker is the primary medical records system, but is used by IHSC only at some ICE detention facilities. CaseTrakker maintains biographical, medical, and other information gathered during the initial medical screening, full physical exam, and subsequent medical exams or treatment of the detainee while in ICE custody. CaseTrakker is also used to schedule medical and dental appointments. Relevant documents (e.g., X-Rays, lab results, consent forms) can be uploaded into the database. CaseTrakker is maintained as a stand-alone database at those facilities that use it; data is not shared among the various facilities within the system but is fully accessible by authorized IHSC headquarters personnel.

- MedEZ is a medical and dental appointment scheduling system used at most of the ICE detention facilities that do not use CaseTrakker. Those facilities maintain paper medical records, and use MedEZ to record appointments with detainees and keep limited biographical and medical information about the detainees. MedEZ is maintained as a stand-alone database at those facilities that use it; data is not shared among the various facilities within the system but is fully accessible by authorized IHSC headquarters personnel.

- Dental X-Ray System is used to take dental X-Rays at ICE facilities where dental care is provided on-site. The system stores the X-Ray image, the detainee's name and A-Number, the date and

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[1] In several of its detention facilities, ICE also holds prisoners for the U.S. Marshals Service (USMS) under an interagency agreement. ICE provides medical evaluations, treatment, and services to USMS prisoners in its custody, and creates appropriate medical records in the relevant systems described in this PIA for those prisoners. Because ICE provides and documents the same medical services to USMS prisoners as to ICE detainees, this PIA does not distinguish between these two groups.

time of the image, and dentist notes. The Dental X-Ray System is maintained as a stand-alone database at the facilities that use it; data is not shared among the various facilities within the system

- Criminal Institution Pharmacy System (CIPS) is used to manage the distribution of medication within detention facilities. In addition to allowing pharmacists to monitor and track inventory, CIPS generates a label for each of the prescriptions that a detainee takes and checks for drug interactions among all the prescriptions a detainee is taking. CIPS accepts electronic prescription information from CaseTrakker or manually input prescriptions at facilities that do not use CaseTrakker.

- Medical Payment Authorization Request System (MedPAR) is a U.S. Department of Veterans Affairs Financial Services Center (VA FSC)-hosted web application used to authorize payment for medical, mental health, dental, and specialty services and equipment provided to detainees by outside specialists and facilities. ICE has engaged the VA FSC as its fiscal agent to oversee the payment of outside specialists and facilities that treat ICE detainees. Before the outside services are provided, medical personnel at the facility create a MedPAR request containing biographic information about the detainee, information about the medical condition being treated, and information about the referring provider and the outside provider who is treating the detainee. The MedPAR system approves payment requests for services, however, IHSC does not approve or provide payment for cosmetic procedures that are not required to treat a serious medical need or for procedures, services, and supplies that are experimental or investigational in nature and/or that are not approved by the Food and Drug Administration (FDA). The detainee's medical provider is responsible for determining what treatment is medically necessary for a serious medical need. The MedPAR system provides information to the VA FSC about the detainee and the treatment requested by the provider that is authorized for payment. This allows the VA FSC to pay the provider who provided the service.

- Medical Classification Database is a pilot project used to identify detainees' health care needs and match them with detention facilities that can adequately address those needs. There are two parts to the Medical Classification Database. The first part maintains information about detainees such as name, Alien Registration Number (A-Number), age, gender, and their medical classification which takes into account if the person has any special medical needs like being blind. The second part maintains information about the various detention and community health facilities that ICE uses and their resources. The information that is collected includes the number and types of beds in the facility, the availability of special needs accommodations such as walkers and wheelchairs, and the availability of laboratory, radiology, and pharmacy capabilities. It also includes information about the type and frequency of medical personnel that are available to assist detainees such as doctors, dentists, social workers, and psychologists and the types of health resources that are available in the community such as hospitals, long term care facilities, dialysis centers, and rehabilitation facilities. The Medical Classification Database matches these two groups of data and provides information for which facility detainee should be housed.

While MedPAR is used by all detention facilities that house ICE detainees, the other systems described in this PIA are used only at ICE detention facilities where IHSC personnel provide medical

services.[2] All non-IHSC detention facilities use either paper records, their own medical records software, or a combination thereof. In this PIA, references to IHSC personnel include ICE employees, members of the U.S. Public Health Service Commissioned Corps, and any medical personnel contracted by IHSC to provide those services.

Medical Assessment, Treatment and Services

Within 12 hours of arriving at an IHSC-staffed detention facility, each detainee receives a medical intake screening during which a qualified IHSC medical provider such as a registered nurse, a licensed vocational nurse, or a licensed practical nurse meets with the detainee and records biographic information such as name, date of birth, nationality, and gender; identifiers such as Alien Registration Number (A-Number); distinguishing characteristics such as scars, marks, and tattoos; and basic medical information such as height, weight, blood pressure, and body temperature. Other medical information such as allergies or diseases is also noted along with mental health information. Each detainee is screened for tuberculosis and for any chronic conditions requiring an immediate physical examination or referral to a specialty provider for assessment. As part of the medical screening, detainees are asked to sign a medical consent form authorizing ICE to provide a detainee with medical care and to disclose a detainee's medical information with other medical professionals as needed for treating the detainee. Depending on the facility, this information, including the consent form, is stored in electronic form in CaseTrakker or in a paper medical record. The information is input into CaseTrakker by one of three ways: (1) the medical provider enters the information directly into CaseTrakker while meeting with the detainee; (2) the medical provider records the information on an intake screening form, the information is manually entered into CaseTrakker, and the intake screening form is scanned and saved in CaseTrakker; or (3) the medical provider enters the information into a web-based version of the intake screening form and the information is automatically uploaded to CaseTrakker. In the facilities that use paper records, the intake screening form is filled out by the medical provider and placed in the detainee's medical file. Basic biographic information about the detainee such as name, A-Number, age, and gender is also entered in the Medical Classification Database along with the detainee's medical classification.

After the intake screening is finished, the detainee is scheduled to receive a full physical exam within 14 days.[3] If the facility uses CaseTrakker, the detainee's exam is scheduled in CaseTrakker. For the sites that use paper records, the physical exam is scheduled in MedEZ. Limited information about the detainee is also put in MedEZ including the person's name, A-Number, date of birth, nationality, gender, and dates of arrival / departure from the detention facility (i.e., book in/out dates).

The physical exam is a complete medical exam which includes a review of the detainee's past and present medical history, mental health history, medications, and a complete physical examination. Based on the results of the exam, medical alerts are recorded in CaseTrakker or in the paper medical record

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[2] ERO houses detainees 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.

[3] Aliens who are removed from the United States or released from ICE custody within the 14-day period may not receive a full medical examination.

(depending on which the facility uses) and they highlight key medical conditions such as drug allergies; chronic conditions such as hypertension or asthma; serious mental health issues that present a safety concern; or special needs such as needing to sleep in a lower bunk or needing to eat a special diet. The results of the physical exam are recorded in CaseTrakker or in the paper medical record, as appropriate, and limited medical information may also be entered into MedEZ. If necessary, the detainee's record in the Medical Classification Database is also updated based on the results of the physical exam. ICE then uses this information to determine whether the detainee is in a facility that can meet his or her medical needs. If the detention facility does not meet the detainee's medical needs, ICE locates a facility that can and transfers the detainee. (Note: detainee transfers are discussed below.)

Follow-up medical visits are scheduled and recorded in CaseTrakker or MedEZ. Both systems record the day and the type of visit (e.g., chronic care, mental health, procedure, sick call, etc.). CaseTrakker records the name of the medical provider who saw the detainee, while MedEZ only records whether the detainee came to the appointment. In CaseTrakker, IHSC medical providers may add medical notes, new alerts or medication, or upload documents such as medical forms, lab results, X-Ray results, and consent forms. To ensure data integrity, CaseTrakker notes cannot be deleted or edited. If a note needs to be corrected, medical personnel must create an addendum to the note. The information about detainees, including medical alerts, stored in MedEZ may be updated by IHSC medical personnel at any time. Notes and other information related to visits scheduled in MedEZ are recorded in the detainee's paper medical file.

Dental Services

ICE offers basic dental services to detainees such as 14-day dental screening, emergent care, and six month care. Some ICE facilities offer dental services on-site while others send detainees to outside dental providers. When detainees are sent to outside providers, records of those services are entered either into CaseTrakker or placed in the detainee's paper medical file. When dental services are provided on-site, dentists use the Dental X-Ray System to take dental X-Rays. In addition to having the image of the detainee's teeth, medical personnel record the detainee's name, A-Number, date and time of the X-Ray, and dentist notes. X-Ray images are maintained in the Dental X-Ray System and are not uploaded to CaseTrakker. If a detainee is in a facility that uses CaseTrakker, the dental appointment is scheduled in CaseTrakker. The dentist then updates CaseTrakker to capture any notes related to X-Rays or other dental services provided. If the facility does not use CaseTrakker, the dental appointment is scheduled in MedEZ and notes regarding the dental examination and services are recorded in the detainee's paper medical file.

Pharmacy Services

As noted above, IHSC medical providers can prescribe medications using CaseTrakker. In CaseTrakker, the medical provider notes the medication ordered, dosage, instructions, refills, and whether the detainee will keep the medicine on him or whether the facility's medical personnel will dispense it. Case Trakker transfers this information to CIPS along with the detainee's name, A-Number, and the name of the prescribing medical provider. CIPS is used to check for drug interactions among the pharmacy-prescribed medications a detainee is taking. If no interactions are found, the IHSC pharmacist fills the prescription. CIPS generates the label on the prescription container label so that ICE can be sure that the

detainees get the correct medication in the correct manner. Once a prescription is filled in CIPS, CaseTrakker is automatically updated to reflect that and with the pharmacist's name, degree, and Drug Enforcement Agency ID number. Additionally, CIPS is used to monitor and track the inventory of medications.

For those facilities that do not use CaseTrakker, the IHSC medical provider writes a paper prescription for the detainee. The prescription includes the detainee's name, A-Number, the medication ordered, dosage, and instructions. The prescription is taken by medical personnel to the detention center's pharmacy and the pharmacist manually enters the information in CIPS. Once the prescription is entered in CIPS, CIPS checks for any drug interactions among the pharmacy-prescribed medications a detainee is taking. If no interactions are found, the prescription is filled and CIPS generates the label on the prescription container. Pharmacy personnel provide the filled prescription information to medical records technicians to record the prescription information in the detainee's paper file.

Detainee Transfers

When a detainee is transferred between ICE detention facilities, transferred to another custodial facility (such as a federal prison or to the custody of a state or local law enforcement agency), or released or removed, the medical personnel at the facility from which the detainee is departing prepare a Transfer Summary Form for the detainee. In addition to listing the detainee's name, A-Number, date of birth, nationality, and gender, the form provides a summary of the detainee's significant medical information needed by security personnel. This includes medication to be administered during transport, any special needs considerations (e.g., use of a cane or wheelchair, allergies), and tuberculosis results. If the detainee is being transferred to a long-term medical care facility for treatment, the facility gets both the Transfer Summary Form and a copy of any relevant medical records. Any medical information other than the Transfer Summary Form is secured in a sealed envelope and is to be opened by medical personnel at the receiving facility. In the case of release or removal, medication is provided to the detainee to ensure continuity of care along with a copy of the Transfer Summary Form. A copy of the medical record is provided to the detainee if the detainee requests it.

When a detainee transfers from one IHSC-staffed facility to another IHSC-staffed facility, only the Transfer Summary Form accompanies the detainee to the new facility. The detainee's electronic and paper medical records are not transferred to the new ICE facility with the detainee. Instead, ICE creates new electronic and paper medical records for the detainee, largely because the Dental X-Ray System, CaseTrakker, MedEZ, and CIPS do not share information across facilities. ICE is developing a new electronic medical records system that will provide for centralized storage and access to detainee medical data, which will enable the creation of only one medical record per detainee.[4] If an IHSC-staffed facility needs medical information about a detainee that transferred from another IHSC-staffed facility, the receiving facility is able to contact the other facility and request the necessary medical information.

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[4] A PIA will be published prior to the launch of this system.

Treatment Outside the Facility

When detainees require medical care and services or equipment that are beyond the capabilities of the facility medical staff, the facility may engage the services of hospitals, medical specialists, etc. to provide such care or equipment. Before ICE sends a detainee to an outside provider, staff submit a request for payment authorization in MedPAR. The request contains the detainee's name, A-Number, date of birth, and gender; the diagnosis code for the medical condition; the name of the referring provider; the name, address, and phone number for the outside provider; the name of the IHSC Managed Care coordinator; and information about the detainee's detention facility. It should be noted that when a MedPAR request is submitted, the detainee is not being permanently transferred to the new facility to receive care. The detainee simply leaves the detention facility to receive care and then returns to the detention facility (e.g., attending a physical therapy session or receiving dialysis treatment). The MedPAR system approves the payment request submitted by the medical provider at the detention facility as long as the detainee has been verified to be in ICE custody and as long as the provider has determined the procedure is medically necessary.[5]

Once a MedPAR payment request is approved, the detainee is taken to the outside provider in order to receive the necessary treatment or equipment. A copy of the approved MedPAR request is given to the medical provider who is treating the detainee along with a copy of any medical documentation relevant to the treatment. Each request in MedPAR has information about the detainee who is to receive outside medical treatment and about the treatment to be received including the reason for it. MedPAR provides this information to the VA FSC in order to allow the VA FSC's Plexis Claims Manager System to pay the medical providers who treat the detainees. If a MedPAR request is denied, an appeal may be submitted to IHSC headquarters for adjudication and consideration. In emergencies, detainees are sent to the outside specialist in order to receive the care they need and after the detainee has been treated, a MedPAR request is submitted.

MedPAR is used not only by the detention facilities that house ICE detainees.   It is also used in rare circumstances by ICE officers to request care for aliens they apprehend who appear to require immediate medical care. DHS Customs and Border Protection (CBP) personnel also use the system to request payment for care for aliens they apprehend who appear to require medical care prior to their removal or prior to their transfer to ICE custody, such as women who are pregnant or individuals who are dehydrated.

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[5] ICE does not approve cosmetic procedures that are not required to treat a serious medical need or procedures, services, and supplies that are experimental or investigational in nature and/or are not approved by the FDA.

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?

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.

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.

5 U.S.C. § 301: A statute authorizing the head of an executive department to, *inter alia*, prescribe regulations for the custody, use, and preservation of its records, papers, and property.

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.

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 C.F.R. 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 C.F.R. § 160.103 (definition of a health plan). Because DHS/ICE/DIHS 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 on the DHS website at http://www.dhs.gov/privacy).

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

The system security plan for CaseTrakker, MedEz, CIPS, and the Dental X-Ray System has been completed and the Authority to Operate (ATO) was granted on August 2, 2010. As mentioned above, the Medical Classification Database is a pilot project. ICE needs to assess the project before determining whether to continue with the system and grant it an ATO. The ATO for MedPAR is scheduled to be granted in December 2011.

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

There is an approved records retention schedule for the records in CaseTrakker, MedEz, CIPS, and the Dental X-Ray System. The records in these systems will be retained for 10 years from the time the detainee is booked out of a detention facility. The records retention schedule is being updated to include the records in the Medical Classification System and MedPAR. Records in MedPAR will be retained for 10 years from the day the request for treatment was submitted.

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.

Three forms are covered by the Paperwork Reduction Act. One is an existing form and two are new forms being created. The forms do not yet have OMB control numbers because they have not yet been submitted to OMB.

Form Name	OMB Control Number	Agency Form Number
ICE Health Service Corp Intake Screening Form	1653-new	IHSC Form 795-A
TB Case and Suspect and International Referral Form	1653-new	Form is under development
Infectious Disease Case Report Form	1653-new	Form is under development

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.

The Medical Records Systems collect and use medical information related to ICE detainees. Below is a breakdown of the PII that each of the systems collects and uses.

CaseTrakker and Paper Medical Records

CaseTrakker and the paper medical records contain the following types of information:

- Biographic information for the detainee such as name, date of birth, nationality, and gender;

- Identifiers for the detainee such as A-Number for ICE detainees and Bureau of Prisons (BOP) number for USMS prisoners held in ICE facilities;

- Distinguishing characteristics that the individual has such as scars, marks, and tattoos;

- Medical information such as height; weight; blood pressure; temperature; food, environmental, and drug allergies; chronic conditions such as hypertension or asthma; current and past diagnoses; medical history including family medical history; past medications; and special needs such as needing to sleep in a lower bunk or special diets;

- Names of medical personnel and translators;

- Details of appointments with and activities performed by medical providers while the detainee is in ICE custody, including diagnostic tests, medical treatments, care provided by outside medical providers, and any medications prescribed, including the dosage, refills, instructions, and medical provider who ordered the prescription;

- Other documentation entered into the system, including medical notes, lab results, X-Ray results, reports regarding competency or other mental health evaluations, and consent forms.

CaseTrakker produces a number of reports. Some reports contain PII because they are used to identify which detainees meet certain criteria, such as those who need their physical exam or all detainees with a particular chronic condition or allergy. Other reports are purely statistical or workload reports and contain no PII.

MedEZ

As noted above, if the facility does not use CaseTrakker, MedEZ is used for scheduling detainee appointments. For each appointment, the system records the day of the appointment, the type of appointment, and whether the detainee came to the appointment. Additionally, MedEZ contains basic information about detainees including name, A-Number, date of birth, nationality, gender, and facility book in/out dates. It may also contain limited medical information about the detainee including allergies, known diseases, medical alerts, special needs, and when the last physical exam was completed.

MedEZ produces two types of reports. The first type is statistical reports that contain no PII and display counts, such as the number and types of appointments for a given day. The second type is reports that provide information about particular detainees, such as the report listing detainees who need to

receive their physical exam. The reports that provide information about particular detainees typically list each detainee's name, A-Number, date of birth, and nationality.

Dental X-Ray System

The Dental X-Ray System contains X-Ray images of detainees' teeth. Each X-Ray record also contains the detainee's name, A-Number, and the date and time of the X-Ray. Dentists are also able to enter notes for each X-Ray. This system does not produce any reports.

CIPS

CIPS is used to manage the distribution of medication within detention facilities. For each prescription, CIPS stores the detainee's name and A-Number, the name of the prescribing IHSC medical provider, the dosage, instructions, and refills, whether the medication will be self-administered by the detainee or dispensed by medical staff, and any notes that the medical provider makes. The system also contains the pharmacist's name, degree, and Drug Enforcement Agency ID number. As noted above, CaseTrakker and CIPS are integrated with each other and share information back and forth electronically. Much of the CIPS information regarding the prescription and the detainee comes from CaseTrakker, while CaseTrakker is updated with CIPS information after the prescription is filled, including the pharmacist who filled the prescription, the prescribing provider, the medication prescribed, the dose, refill information, and instructions on the administration of the medication.

The reports generated in CIPS do not contain PII. CIPS reports provide counts to help track workload and medication orders, such as the number of patients taking a certain drug, the number of prescriptions filled in a week, and the number of prescriptions refilled on a given day. Certain ad hoc reports can be run in CIPS. These reports may include a detainee's name and A-Number, if these fields are included as part of the information to be in the report.

MedPAR

MedPAR contains the following types of information:

- Biographic information for the detainee: name, date of birth, nationality, and gender;

- Identifiers for the detainee: A-Number and BOP number;

- Detainee's book-in/out date;

- Detention facility information: name, address, phone number, and fax number;

- Name of the referring provider;

- Diagnoses for detainees and the external medical service requested;

- Name, address, and phone number for the external provider providing the medical treatment;

- Name of the IHSC Managed Care Coordinator;

MedPAR produces several different reports. The reports used to track workload do not contain PII and provide only summary and statistical information. These include a report that shows the list of

appeals by status during a given timeframe, a report showing appeals by region of the United States, and a report showing all appeals pending approval. Other reports do contain PII because they are designed to provide detailed information about MedPAR requests that have been submitted. These include a report that shows information about all MedPAR appeals, a report showing detailed information about MedPAR requests submitted by region of the United States, and a report listing MedPAR requests submitted for specific diagnoses.

Medical Classification Database

The Medical Classification Database contains the following types of information:

- Biographic information for the detainee such as name, date of birth, and gender;

- The detainee's A-Number or BOP number;

- The detainee's medical classification which takes into account any special needs the person has.

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

The information in the various medical records systems used by ICE comes from various sources. The first source is EID.[6] EID is used to produce the travel manifest which accompanies detainees when they are moved to a facility. The IHSC staff receive a summary of the travel manifest which contains basic biographic information such as the detainee's name, A-Number, date of birth, nationality, and gender. This information is used to create either the detainee's paper medical record or a record in CaseTrakker. EID also provides limited detainee data to MedPAR. This information is used when a MedPAR request is being evaluated to verify that the individual is in ICE custody.

The second source of information is from the detainees themselves. Detainees have the opportunity to provide medical information about themselves during the intake screening process, during any physical exams they receive, and during any other interaction they have with the medical personnel at the detention facility. During these interactions, detainees are able to provide information on their medical history including their family medical history, allergies, special needs, and medications they have taken and/or are currently taking.

The third source of information is from any medical providers who treat the detainees. These individuals gather medical information about detainees when they treat them. Medical providers at IHSC-staffed facilities enter this information and any other medical information that they receive from outside providers in the various medical records systems in order to ensure that detainees receive the care they need.

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[6] *See* Enforcement Integrated Database PIA at http://www.dhs.gov/privacy.

The final source of information is from ICE personnel or facility staff who may observe and report to IHSC staff information that may have medical relevance (e.g., a detainee who has a seizure or has stopped breathing.)

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 records systems do not use information from commercial sources or publicly available data.

2.4   Discuss how accuracy of the data is ensured.

IHSC tries to ensure that it has accurate and complete data in a number of ways. First, IHSC collects medical information directly from detainees during the intake screening process, during any physical exams, and also during any other interactions detainees have with medical personnel. Meeting with detainees and carefully discussing their medical history, including family medical history, allergies, special needs, and medications, helps the medical provider to collect accurate and complete medical information for each detainee.

Second, if a detainee is transferred from an IHSC-staffed facility to a non-IHSC-staffed facility, the Transfer Summary Form is sent to the receiving facility to ensure continuity of care. If the detainee is being transferred to a long-term medical care facility for treatment, the facility gets both the Transfer Summary Form and a copy of any relevant medical records. If a detainee transfers from one IHSC-staffed facility to another IHSC-staffed facility, only the Transfer Summary Form accompanies the detainee to the new facility. The detainee's electronic and paper medical records are not transferred to the new ICE facility with the detainee. Instead, the new facility creates new electronic or paper medical records for the detainee. Transfers between IHSC-staffed facilities are rare and when they occur, they typically occur a few days after a detainee enters ICE custody. Each facility wants to do its own medical screening of detainees. Records are not transferred with the detainee because the medical records from the first facility are typically not that extensive because usually the detainee has been in ICE custody for only a few days. If an IHSC-staffed facility wants a copy of a detainee's medical records from another IHSC-staffed facility, the facility can contact the other facility and request a copy of the medical records. Also, medical personnel at IHSC-staffed facilities that use CaseTrakker have the ability to download medical files (including all scanned documents) from other facilities that use CaseTrakker and save the information as a Portable Document Format (PDF) file. (It should be noted that this capability for exchanging data is used very infrequently.)

Third, data exchanges between systems help to ensure data accuracy. As noted above, prescriptions can be submitted via CaseTrakker. In CaseTrakker, information about the medication being prescribed and the detainee is transferred to CIPS. Once the pharmacist fills the prescription, CaseTrakker is updated. The data exchange between the two systems removes the need for medical personnel to manually enter the information in the systems, thus cutting down on chances for data

inaccuracy. EID's electronic data sharing with MedPAR also helps to ensure data accuracy since the exchange removes the need for detainee information to be manually entered into MedPAR, thus cutting down on the chance for data entry mistakes.

Finally, chart reviews (the reviewing of detainees' medical records) are performed on a regular basis. Having detainees' medical records reviewed by medical providers at the facility, by IHSC medical directors, and by IHSC headquarters personnel helps to identify errors and ensure that records are complete.

2.5   Privacy Impact Analysis: Related to Characterization of the Information

Privacy Risk: When a detainee transfers from one IHSC-staffed facility to another IHSC-staffed facility, only the Transfer Summary Form accompanies the detainee to the new facility. The detainee's electronic and paper medical records are not transferred to the new facility with the detainee. Instead, ICE creates new electronic and paper medical records for the detainee at the new facility. The lack of complete medical records for detainees when they move is a significant risk.

Mitigation: This risk is somewhat mitigated in several ways. As mentioned above, transfers between IHSC-staffed facilities are rare and when they occur, they typically occur a few days after a detainee enters ICE custody. As a result, the medical file from the first facility is not typically very extensive since the detainee has only been in ICE custody for a few days. Additionally, each facility wants to do its own medical screening of detainees. Thus, ICE does not find it necessary to transfer medical files between IHSC-staffed facilities because of the screening that subsequent facilities do. In the event that an IHSC-staffed facility wants a copy of a detainee's medical records from another IHSC-staffed facility, the facility can contact the other facility and request a copy of the medical records.

Privacy Risk: Given the sensitive nature of the medical data that is contained in the medical records systems, there is a risk that individuals without a need to know may be able to access the sensitive information.

Mitigation: The data that is contained in the various medical records systems is very sensitive but ICE needs to collect the information in order to care for detainees. Due to the sensitivity of the information, ICE restricts access to the information to personnel who have a need to know. Additionally, the instances of CaseTrakker, MedEZ, CIPS, and the Dental X-Ray System at the various facilities stand alone and do not allow users to see records at other facilities. This ensures that ICE personnel at a given facility are only able to access the medical records of the detainees at their facility and cannot access those of detainees at other facilities.

Privacy Risk: There is a risk of poor data quality and integrity because data is often manually and repeatedly entered into the medical records systems and is not exchanged among the systems at a given facility.

Mitigation: This risk is reduced in two ways. First, CaseTrakker and CIPS exchange data electronically and EID sends data electronically to MedPAR. These electronic exchanges remove the need for the data to be manually entered in the systems and cut down on the chances for data inaccuracy.

Second, the chart reviews that occur help to identify errors in the medical records and ensure that they are complete.

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.

The medical records systems collect medical information about detainees in ICE custody to enable IHSC medical personnel to provide them with the medical care they need. As noted above, the Medical Classification Database, CaseTrakker, MedEZ, CIPS, and the Dental X-Ray System contain medical information about detainees and are used to provide care for detainees. It is important that detainees be housed in facilities that are able to meet their medical needs. The Medical Classification Database uses the information it contains to match detainees with facilities that have appropriate resources for housing and/or treating them. MedPAR is used to submit requests for payment for medical treatments and equipment that detainees receive outside of their detention facility. Requests for payment authorization are sent to the VA FSC via MedPAR and the VA FSC's Plexis Claims Manager System processes the payment authorizations pursuant to an agreement with ICE. When detainees are transferred to other facilities or are removed to other countries, their medical information is often shared with the receiving facility or foreign government for continuity of care purposes.

ICE uses the reports generated by these medical record systems to make staffing and budget decisions, to manage employee workloads, or to track and report significant medical conditions and contagious diseases among detainees.

Medical information may also be used in legal proceedings. If there is a question regarding the mental competency of an alien in immigration proceedings before a Department of Justice (DOJ) Executive Office of Immigration Review (EOIR) immigration judge, ICE may present the results of a competency or other mental health evaluation, and/or related medical information, to the judge so that the judge can make a competency determination. Medical information related to grounds of inadmissibility contained in 8 U.S.C. §§ 1182(a)(1)(A) and (g), medical information obtained when inspecting aliens pursuant to 8 U.S.C. § 1225 and related grounds of removal and/or eligibility for immigration benefits or relief may also be presented to the immigration court.   The purpose of this action is to enforce relevant provisions of the Immigration and Nationality Act and to protect the health of the general public in the United States.

Medical information may also be shared with DOJ. DOJ makes filings in federal district courts, on behalf of ICE, seeking, among other things, orders to permit the involuntary medical treatment of detainees who are non-compliant with recommended medical courses of treatment. DOJ also represents ICE in civil actions where the medical condition of ICE detainees is called into question. In these

situations, ICE may share medical information with DOJ and the medical information may be filed in federal district courts as evidence with appropriate privacy protections.

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.

IHSC conducts search and analysis of the information in the medical records systems for several reasons. Analysis of the information is used to identify health care trends and potential population-based trends (based on age, sex, disease categories, etc.) for the detainee population in general and for specific geographic areas, facilities, or disease entities. This information is generally for generic, population-based information and is de-identified and is not referable to an individual person. There may be instances when specific patient information may be reviewed as part of the DHS and IHSC medical quality improvement program. Those reviews are conducted within the established guidelines and constraints of the formal health care quality improvement program and include protections for personally identifiable information. Additionally, analysis of the information (based on established computer based statistic programs) may be performed to identify issues of potential health care fraud or abuse.

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

No other DHS components have access to the Medical Classification Database, CaseTrakker, MedEZ, CIPS, and the Dental X-Ray System. DHS CBP personnel have access to MedPAR and are able to submit requests for aliens apprehended by CBP who require medical care prior to their removal or their transfer to ICE custody.

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, users of CaseTrakker, MedEZ, CIPS, the Schick Dental Digital X-Ray System, and MedPAR receive training regarding how to use the systems. Most of the training is hands-on in which experienced users teach new users how to use the system. Second, some formal training is offered but not all users receive the formal training. Third, users of these systems are all required to sign the DHS rules of behavior before they are permitted access to the DHS network. The rules of behavior clearly explain what users can and cannot do within DHS systems and the information they contain.

There are also two technical protections in the systems that help prevent users from inappropriately using the data. First, users are only able to see the medical records of the detainees in their facility. Second, if a user is extracting medical records from a system, the systems limit how many

records can be extracted at one time. This prevents a user from being able to extract all the data from a system at one time and download it on portable media, for example.

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. If the detainee refuses to sign the refusal form, the medical provider and a witness sign the form indicating that the detainee refused to sign it. Fourth, there are certain medical procedures, such as giving the person anesthesia, pulling a tooth, or administering psychiatric drugs for which IHSC needs to get the detainee's consent before performing. A separate consent form is used to authorize these procedures. Finally, the publication of this PIA and the DHS/ICE-013 Alien Medical Records SORN provide general public notice on the existence of the medical records 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, detainees have the ability to consent to let IHSC collect their medical information in order to treat them. During the intake screening, detainees are given a consent form to sign permitting ICE to share the information for medical reasons. Additionally, during the intake screening and any subsequent meetings with medical personnel, detainees are free to choose to not share any medical information with the medical provider. When detainees refuse to provide needed medical information, medical personnel orally advise the detainees that the lack of information could negatively impact their health or the care they receive.

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 collected.

Mitigation: Detainees meet with qualified medical providers and provide them with information including information about their medical history, allergies, special needs, and medications. Detainees are asked to sign a consent form permitting IHSC to treat them and to share the information for medical reasons in order to treat them. Additionally, a privacy notice is posted in the facility and is included in the detainee handbook. Finally, the publication of this PIA and the Alien Medical Records SORN help mitigate this risk by providing a description of the systems and how the data is used.

Privacy Risk: There is a risk that detainees will not know how to access their medical records after being released from custody.

Mitigation: This risk is mitigated by the publication of this PIA and the DHS/ICE-013 Alien Medical Records SORN which provide instructions on how to file a request for alien medical records under FOIA and the Privacy Act. Information about how to file a records request is also available on the ICE public website at www.ice.gov/foia.

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 the medical records system, except for MedPAR, is 10 years after a detainee is booked out of a detention facility. Records in MedPAR will be retained for 10 years from the day the request for treatment was submitted. After 10 years, the records are destroyed because at that point they are no longer needed to provide treatment of detainees, for analysis related to management issues or quality control, or for possible litigation or tort claims.

5.2   **Privacy Impact Analysis: Related to Retention**

There are no privacy risks related to retention. Unlike other information which may become inaccurate over time, medical records tend to be a factual description of the individual's medical status and treatment at the time and do not become outdated.

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.

As noted above, detainee medical information is shared outside of DHS with several different groups.

(1) VA FSC: ICE has a service level agreement with the VA FSC to host the MedPAR system, which ICE uses to authorize payment for medical services provided to detainees by outside medical providers. Detainee information is sent to the VA FSC from EID via secure file transfer protocol (secure FTP) and via the MedPAR requests that outside providers submit in the MedPAR system. MedPAR also provides information about detainees and the treatments they receive to the VA FSC Plexis Claims Manager System in order to allow the VA FSC to reimburse the medical providers who treated the detainees.

(2) Outside medical providers: This includes local hospitals or medical specialists who treat detainees when they cannot receive the treatment they need in their detention facility. IHSC provides the outside medical provider with limited information about the detainee (name, A-Number, date of birth, nationality, and gender) along with a copy of the approved MedPAR request and any medical documentation relevant to the treatment. This is in order to allow the provider to treat the detainee.

(3) Local community or foreign government: When a detainee is released from ICE custody or removed from the United States, the medical personnel at the facility from which the detainee is leaving prepare a Transfer Summary Form for the detainee. The form lists the detainee's name, A-Number, date of birth, nationality, gender, and a summary of the detainee's medical information in order to allow care to continue in the local community or receiving country. When a detainee has a health condition like tuberculosis that could affect the general public, the Transfer Summary Form is shared with the host country in order to enable the host country to protect the general public.

(4) Accrediting agencies: ICE seeks accreditation by three national accrediting agencies - the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) which accredits organizations that provide health care services, the American Correctional Association (ACA) which accredits correctional institutions, and the National Commission on Correctional Health Care (NCCHC) which accredits correctional institutions that provide health care services. As part of the accreditation process for all three organizations, ICE is required to provide them copies of medical records we have about our detainees in order to enable them to verify that ICE keeps adequate records about its detainees. The accrediting agencies are not allowed to record detainee information or remove it from the facilities.

(5) ICE contractors: ICE discloses medical information to independent external health care professionals who review our medical records when a detainee dies in our custody. The purpose of these reviews is to identify potential areas for improvement in the medical services ICE provides to detainees.

(6) DOJ EOIR: If there is a question regarding the mental competency of an alien in immigration proceedings before a DOJ EOIR immigration judge, ICE may present the results of a competency or other mental health evaluation, and/or related medical information, to the judge so that the judge can make a competency determination. Medical information related to grounds of inadmissibility contained in 8

U.S.C. §§ 1182(a)(1)(A) and (g), medical information obtained when inspecting aliens pursuant to 8 U.S.C. § 1225 and related grounds of removal and/or eligibility for immigration benefits or relief may also be presented to the immigration court. The purpose of this action is to enforce relevant provisions of the Immigration and Nationality Act and to protect the health of the general public in the United States.

(7) Other law enforcement agencies: ICE periodically transfers detainees to the custody of other law enforcement agencies. As mentioned above, when detainees are transferred, a Transfer Summary Form is prepared for the detainee to assist with continuity of care.

(8) Department of Justice: DOJ makes filings in federal courts, on behalf of ICE, seeking, among other things, orders to permit the involuntary medical treatment of detainees who are non-compliant with recommended medical courses of treatment. DOJ also represents ICE in civil actions where the medical condition of ICE detainees is called into question. In these situations, ICE may share medical information with DOJ and the medical information may be filed in federal district courts as evidence with appropriate privacy protections.

(9) Federal Courts: As stated above, DOJ may submit pleadings or other filings in federal courts (or any other courts of competent jurisdiction) during various types of litigation on behalf of ICE that contain medical information about ICE detainees. Appropriate privacy protections protect this information.

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 records systems is provided by the Alien Medical Records SORN (DHS / ICE 013 – Alien Medical Records). 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 records systems for the uses described above is compatible with this purpose.

6.3   Does the project place limitations on re-dissemination?

The outside medical providers with whom ICE shares medical information (in order to ensure that detainees receive needed medical treatment or who review medical records when a detainee dies) are not allowed to disseminate the information further. Because they are covered entities, they are governed by the HIPAA and are limited in the dissemination of data that they can do without authorization of the patient. The draft MOA with the VA FSC states that the VA FSC may only use the detainee data in the MedPAR system to verify that an individual is in ICE custody and is thus eligible to receive treatment, and to reimburse the medical providers who treated the detainees. The VA FSC cannot use the data in any other way without the consent of ICE. The accrediting agencies are not allowed to record detainee information or remove it from the facilities. This helps to ensure that they do not re-disseminate the information. There are no limitations regarding the home countries re-disseminating information as the laws of the United States are not applicable. Any sharing or re-dissemination of medical information by

immigration judges and other law enforcement agencies is permitted as authorized by the recipient agency's SORN(s) or information sharing policies.

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

Most of the medical records systems do not retain a full accounting of the information that is disclosed outside of DHS.   As noted above, sometimes detainees need medical treatment that the detention facility cannot provide either because the facility's medical personnel do not have the necessary expertise or the equipment needed to provide the treatment. ICE provides the outside medical provider with limited information about the detainee and basic information about the detainee's medical condition in order to allow the provider to treat the detainee. Notes about the treatment including when it occurred and results from it are kept in the paper medical file or in CaseTrakker.

Payments for medical services outside the facility are authorized by IHSC using MedPAR. As noted above, the VA FSC acts as a fiscal agent for ICE and uses the information to issue payment. Each request in MedPAR has information about the detainee who is to receive the outside medical treatment and about the treatment that is to be received including the reason for it. Thus, the records in MedPAR serve as a record of the information that is disclosed to the VA FSC and to the outside medical provider.

When a detainee is transferred to another facility, the medical personnel at the facility from which the detainee is leaving prepare a Transfer Summary Form for the detainee. A copy of the form is kept in either CaseTrakker or in the detainee's paper medical file at both the facility he is leaving and the one where he is going. Similarly, when a detainee is removed to a foreign country, a Transfer Summary Form is prepared and a copy is kept in either CaseTrakker or in the detainee's paper medical file. If ICE releases medical information about a detainee to a foreign government to ensure continuity of care or in the interest of public health, ICE records to whom the information was shared and the individual's contact information in either CaseTrakker or in the detainee's paper medical file along with a copy of the communication arranging the care.

6.5   Privacy Impact Analysis: Related to Information Sharing

Privacy Risk: There is a risk that data will not be appropriately shared outside the Department.

Mitigation: As mentioned above, information is shared with multiple groups outside of the Department. The outside medical providers, the VA FSC, the accrediting agencies, other facilities or foreign governments, immigration judges, other law enforcement agencies, and the federal courts all have a need to know the information that they receive. HIPAA helps to ensure that the outside medical providers do not disseminate the information without authorization. The draft MOA with the VA FSC prohibits the VA FSC from using the data for purposes other than reimbursing medical providers who treat detainees. ICE shares data with foreign governments as needed to ensure continuity of care or as a matter of public health but there is nothing in place restricting the countries in how they use the data they receive. The accrediting agencies are prevented from disseminating medical information because they are

not allowed to record detainee information or remove it from the facilities during the accreditation process. Immigration judges and other law enforcement agencies are restricted from sharing the information by their agency's SORN(s) or information sharing policies.

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 records systems by following the procedures outlined in the Alien Medical Records SORN. Please see the Alien Medical Records SORN for more information. In particular, detainees in ICE-operated facilities or in contract detention facilities operated on behalf of ICE where IHSC personnel are present may request a copy of their medical records by submitting a Form G–639, Freedom of Information/Privacy Act Request form, or its equivalent to any staff member in the facility's health care unit or to the ICE FOIA office. Additionally, while in custody, detainees can simply write a note requesting a copy of their medical records and give it to any staff member in the facility's health care unit. There is no set procedure for how detainees in the contract detention facilities where IHSC personnel are not present and in the IGSA facilities where IHSC personnel are not present request access to their records. Each facility has its own process. Persons seeking such information should contact the chief administrative officer of the facility for guidance.

Additionally, individuals seeking notification of and access to any record contained in the 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.

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 Alien Medical Records SORN. Additionally, individuals seeking notification of and access to any record contained in the 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   <u>Privacy Impact Analysis</u>: Related to Redress

There are no significant privacy risks related to redress. Individuals may access their records based on the existing process described above.

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?

As noted above, the instances of CaseTrakker, MedEZ, CIPS, and the Dental X-Ray System at the various facilities stand alone and do not allow users to see medical records at other facilities. This helps ensure that IHSC personnel at a given facility are only able to access the medical records of the detainees at their facility and cannot inappropriately access the records of detainees at other facilities. All users are provided access to only the system(s) that they need access to and sign the DHS Rules of Behavior regarding the use of the systems and information.

Additionally, each of the systems performs some level of auditing. CaseTrakker displays all notes in chronological order with the oldest on top and does not permit notes to be deleted or edited. If a medical provider makes a mistake with a note or needs to correct something that is inaccurate, the person cannot delete the note. He or she needs to amend the note and the amendment is recorded as an addition to the note. Each note is marked with the name of the user who created and/or amended it and the time and date when it was created and/or amended. This feature helps to ensure the integrity of the information that is in the notes of detainee records. A similar protocol is in place for prescriptions. If an incorrect prescription is created, it cannot be deleted. The user must create a new one and CaseTrakker records the user who created the new prescription and the time and date when it was created. CaseTrakker records the time, date, and user whenever a note or order is created, viewed, completed, or amended.

MedEZ has limited auditing. It records the date and time that a change is made. As with CaseTrakker, entries cannot be deleted. CIPS is only accessible by pharmacy staff which helps ensure

that only appropriate personnel access the data. If a pharmacist or pharmacist technician makes a mistake or needs to correct something that is inaccurate with a prescription, the person cannot delete the prescription. The prescription is returned to the prescribing provider and the provider must create a new prescription. Each entry is marked with the name of the user who created it and the time and date when it was created. This feature helps to ensure the integrity of the information in the system. CIPS records the time, date, and user whenever a record is created.

The Dental Digital X-Ray System is only accessible by dental staff which helps ensure that only appropriate personnel access the data. The system displays all notes in chronological order with the oldest on top and does not permit notes to be deleted or edited. If a medical provider makes a mistake with a note or needs to correct something that is inaccurate, he or she needs to amend the note. Each note is marked with the name of the user who created or amended it and the time and date when it was created or amended. This feature helps to ensure the integrity of the information that is in the notes of detainee records. The system records the time, date, and user whenever a user creates, or amends a record.

MEDPAR users are limited to the data they can view based on their need to know and their user role. Each request is marked with the name of the user who created or amended it and the time and date when it was created or amended. As with the other systems, users cannot delete entries, but must create a new request when a completed entry is found to be incorrect.

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?

The medical records systems all have user roles which determine what information the user sees and can do in the given system. The Health Services Administrator (HSA) at each facility oversees the medical records personnel. For each member of the medical staff, the HSA determines which of the medical records systems the person should have access to and the level of access that he or she should receive in each system.

Access to paper records is also restricted. Paper records are stored in file rooms with limited access.

Additionally, as noted above, the instances of CaseTrakker, MedEZ, CIPS, and the Dental Digital X-Ray System at the various facilities do not allow users to see medical records at other facilities. (As noted above, authorized IHSC headquarters users can access records in CaseTrakker and MedEZ.) This helps ensure that IHSC personnel at a given facility are only able to access the medical records of the detainees at their facility and cannot inappropriately access the records of detainees at other facilities.

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?

Currently, there is a draft MOA between ICE and VA FSC which covers the data from EID that ICE sends to MedPAR. ICE does not have any other information sharing agreements concerning this information, nor does it envision the expansion of the users of the medical records systems or the intended uses of the information collected and maintained in the systems in such a way that any additional 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 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

Original copy signed and on file with the DHS Privacy Office.

Mary Ellen Callahan
Chief Privacy Officer
Department of Homeland Security