



Privacy Impact Assessment  
for the

# **electronic Health Records (eHR) System**

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## Abstract

U.S. Immigration and Customs Enforcement (ICE) is implementing a new electronic health records (eHR) system to maintain health 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 medical, dental, and mental health evaluations and treatment depending on the alien's medical condition and length of stay. Because the eHR system maintains personally identifiable information (PII) and health information about ICE detainees, ICE is conducting this Privacy Impact Assessment (PIA) to assess the privacy issues associated with the collection, maintenance, and use of this information.

## Overview

### *Summary of the eHR System Components*

ERO is responsible for identifying, apprehending, detaining, and removing aliens<sup>1</sup> (referred herein as "detainees") who are amenable to removal under the Immigration and Nationality Act (INA). IHSC personnel<sup>2</sup> provide health evaluations, treatment, and services to detainees held in IHSC-staffed detention facilities<sup>3</sup> and assist ERO in overseeing the healthcare delivered at other ICE detention facilities staffed with contract medical personnel. The eHR system is an integrated healthcare information system comprised of different components, described below, which offer various capabilities to record and manage information related to the healthcare evaluation and treatment of detainees, and to process claims for payments to external healthcare providers. The new eHR system will enable ICE to retire several paper and electronic recordkeeping systems currently in use.<sup>4</sup>

- eClinicalworks (eCW) is the eHR system component used by IHSC personnel to document healthcare they provide to detainees at IHSC-staffed detention facilities. It supports their ability to prescribe medications needed for treatment, as well as provides workflow support and reporting capabilities to ensure that appropriate care is provided to each detainee and is appropriately documented in the eHR record. eCW enables IHSC to provide information to external providers on an as-needed basis to facilitate continuity of care, as well as receive information from external service providers.

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<sup>1</sup> The term "alien" means any person not a citizen or national of the United States (INA Sec. 101 [8 U.S.C. § 1101]).

<sup>2</sup> In this PIA, references to IHSC personnel include members of the U.S. Public Health Service Commissioned Corps, IHSC federal employees, and any medical personnel contracted by IHSC to provide services to detainees.

<sup>3</sup> 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 eHR system for those prisoners. Because ICE provides and documents medical services for USMS prisoners and ICE detainees, this PIA does not distinguish between these two groups.

<sup>4</sup> It should be noted that not all of the capabilities discussed in this PIA will be available when the eHR system first deploys. Some capabilities will be available when the system initially deploys while others will be deployed in future releases.



- Dental X-Ray is the eHR system component that captures information related to dental X-Rays at IHSC-staffed facilities where dentists deliver dental services. The system stores the X-Ray image, the date and time of the image, the detainee's biographic information, and dentist notes regarding the interpretation of the image.
- Correctional Institutional Pharmacy System (CIPS) is the eHR system component that allows pharmacists to monitor and track the inventory and dispensing of medications within IHSC-staffed facilities. CIPS also generates a label for each prescription, which includes the detainee's name and information about the medication, such as the name, dosage, strength, method of administration, and directions. Pharmacists use the labels to validate that the appropriate medication is placed in the appropriate medication container, and ensure that the medication is provided to the detainee to whom it was prescribed. CIPS also checks for drug and allergy interactions for all medications prescribed for a detainee.
- Diagnostic Services is the eHR system component that interfaces with external healthcare providers who provide diagnostic services such as laboratory and diagnostic imaging studies. With this component, the eHR system sends the external healthcare provider appropriate detainee biographic information and information about the specific type of service requested. Any follow-up materials needed for the outside service, such as blood samples, are then sent separately to the external healthcare provider. Results from the diagnostic service are electronically received by the eHR system and placed in the detainee's eHR record for review and appropriate action by IHSC personnel.
- Referral Component is the eHR system component that allows for the authorization of payment for specialty, emergency, in-patient, and other healthcare services provided to detainees by external healthcare providers and healthcare facilities. ICE has engaged the U.S Department of Veterans Affairs Financial Services Center (VA FSC) as its fiscal agent to oversee the payment of claims from the external healthcare providers and facilities treating ICE detainees. The eHR system generates a report containing detainee biographic information and the treatment, service, or equipment indicated by the provider for each detainee. This report is provided to the VA FSC in order to authorize the VA FSC to pay each claim.

The eHR system is used only at IHSC-staffed ICE detention facilities.<sup>5</sup> Detention facilities that are not staffed with IHSC personnel create and maintain detainee medical records in paper form, in electronic form using their own health records software, or a combination thereof. Non-IHSC-staffed facilities that need to send detainees for treatment to external healthcare providers use the Medical Payment Authorization Request Web System (MedPAR) to authorize the treatment. This process is discussed below.

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<sup>5</sup> 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 SPCs, at most CDFs, and at some IGSA facilities.



With the launch of the eHR system, ICE is retiring several paper and electronic recordkeeping systems that were used to record health information about ICE detainees in IHSC-staffed detention facilities. Those systems are described in the ICE Alien Medical Records System PIA<sup>6</sup> and in the ICE Alien Medical Tracking Systems PIA<sup>7</sup> both of which will be retired upon publication of this PIA. ICE will maintain the CaseTrakker system (one of the systems discussed in the ICE Alien Medical Records System PIA) in an archive status. Historical paper medical records and records from CaseTrakker will be manually incorporated into the new eHR system on a case-by-case basis as needed.

### *Initiation of an eHR Record*

IHSC personnel create a record in the eHR system and record health information gathered about the detainee. Information may be manually entered directly into the eHR system. However, if the eHR system is down or there are other issues preventing connection with the eHR system, there is an offline mode that allows entry of data on a local computer or device, and once the eHR system is available again, the data is uploaded into the eHR system. The eHR system also receives information about currently detained ICE detainees via a system-to-system connection with the ICE Enforcement Integrated Database (EID)<sup>8</sup> including biographic data such as name, date of birth (DOB), nationality, and gender; the detainee's picture; and the detention facility where the detainee is housed. Users are able to reference this information and use it when creating or updating eHR records. This helps to ensure that the EID, which is ICE's primary immigration arrest and detention recordkeeping system, and the eHR system are both using the same basic identifying information about the aliens in custody and information about facilities. This reduces the risk of data entry errors and improves the overall integrity and reliability of both systems.

### *Medical Assessment, Treatment, and Services*

Within two hours of arriving at an IHSC-staffed facility, each detainee receives a medical pre-screening intake assessment to identify any immediate or acute health conditions. Within 12 hours of arrival, a more in-depth evaluation is completed by qualified IHSC personnel such as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). During these screenings, a detainee's identity is verified using biographic information such as his or her DOB, nationality, and gender; identifiers such as the Alien Registration Number (A-Number); and distinguishing characteristics such as scars, marks, and tattoos. Basic information such as height, weight, blood pressure, and body temperature are recorded in the detainee's eHR record along with current conditions, medications, and allergies. As part of the intake process, detainees are asked to sign a medical consent form authorizing ICE to provide the detainee with healthcare and to disclose the detainee's health information to other medical professionals, as needed, for treating the detainee. This consent form is electronically signed or uploaded to the detainee's eHR record.

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<sup>6</sup> See the DHS/ICE/PIA-029 - ICE Alien Medical Records System PIA at [http://www.dhs.gov/sites/default/files/publications/privacy/PIAs/privacy\\_pia\\_ice\\_alien%20medical%20records%20systems\\_november%202012.pdf](http://www.dhs.gov/sites/default/files/publications/privacy/PIAs/privacy_pia_ice_alien%20medical%20records%20systems_november%202012.pdf).

<sup>7</sup> See the DHS/ICE/PIA-029 - ICE Alien Medical Tracking System PIA at <http://www.dhs.gov/xlibrary/assets/privacy/privacy-pia-ice-amts.pdf>

<sup>8</sup> For more information, see the Enforcement Integrated Database PIA at <http://www.dhs.gov/privacy-documents-ice>.



Based on the findings of the intake screening, a disposition<sup>9</sup> is given to each detainee and appropriate treatment, if necessary, is coordinated with IHSC personnel.

The detainee receives a physical examination within 14 days or sooner based on the intake screening or other assessment results.<sup>10</sup> The examination includes a complete review of the detainee's medical, mental health, and dental history. IHSC personnel enter the information gathered during evaluations and examinations into the detainee's eHR record. Based on exam results, medical alerts highlighting 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 are evaluated and documented in the detainee's eHR record.

Follow-up medical visits are scheduled as needed and recorded in the eHR system. The system records the day, time, and type of visit (e.g., chronic care, mental health) and the medical provider seeing the detainee. Within the eHR system, IHSC personnel may add notes, new alerts, medications, or may upload documents such as medical forms, laboratory results, X-Ray results, and consent and/or refusal forms. To ensure data integrity, providers lock eHR system notes after completion. If an eHR system note requires correction or additional information, providers must create an addendum to the note.

### *Dental Services*

ICE offers basic dental services to detainees such as a dental screening, dental sick call, emergent dental care, and an annual dental evaluation. Depending on resources, some ICE facilities offer dental services on-site while others send detainees to external dental providers. The eCW component is used to schedule detainees for dental services. When dental services are provided on-site at an IHSC facility, dentists utilize the Dental X-Ray component of the eHR system to take dental X-Rays to support appropriate diagnosis of the detainee's dental needs. Information regarding the dental services provided is documented in the detainee's eHR record and the dental X-Ray images are linked to the detainee's eHR record. When a detainee is sent to an external dental provider, a referral is initiated by the IHSC-staffed facility sending the detainee for the external dental treatment. (Note: the process for sending a detainee to receive treatment outside the facility is discussed below.) All information and reports received from the external dental provider who treated the detainee are reviewed by IHSC dental personnel, and are either scanned and uploaded into the detainee's eHR record if they were received in hard copy or are incorporated in the detainee's eHR record if they were received electronically.

### *Pharmacy Services*

As noted above, within the CIPS pharmacy component of the eHR system, the IHSC provider prescribes medication indicating the medication name, dosage, strength, method of administration, warnings, and refills. A determination is made whether the medicine can be kept in the detainee's

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<sup>9</sup> Based on the findings of the intake screening, the disposition indicates where the detainee should be housed and the detainee's need for medical attention. Dispositions include (1) assigning the detainee to general population housing, (2) housing the detainee in isolation, or (3) referring the detainee for immediate medical or mental health treatment.

<sup>10</sup> Detainees who are removed from the United States or released from ICE custody within the 14-day period may not receive a full medical examination.



possession or whether IHSC personnel must administer it to the detainee. The eCW component transmits biographic and medication prescription information to CIPS. Both the eCW and CIPS components check for drug interactions when the provider enters the order and when the pharmacy fills the prescription. If no interactions are found, the IHSC pharmacist fills the prescription. CIPS also generates the label that is placed on the prescription container thus helping to ensure that the correct medication is delivered to the correct detainee at the correct time. Once a prescription is filled, the eHR system is used to document the delivery of medications to each detainee. Additionally, CIPS is used to monitor and track the inventory for all medications. The eHR system can also interface with external pharmacies such as mail order pharmacies and local pharmacies to order medications for specialized or immediate needs when the facility's pharmacy is closed or unable to provide the prescribed medication.

### *Diagnostics Services*

At any time during an examination or evaluation, a detainee may require laboratory testing to be done or X-Rays to be taken. Depending on resources, some facilities have the ability to perform simple laboratory tests on site, such as urinalysis, while more complex laboratory work must be sent to an appropriately licensed laboratory outside of the facility (e.g., when a detainee needs to have a blood sample analyzed and the facility cannot perform the tests). Using the Diagnostic Services component of the eHR system, IHSC personnel are able to order laboratory work, X-Rays, and other diagnostic testing, as well as send an encrypted notice to the laboratory that will test the sample letting the laboratory know that a sample is being sent for analysis. Limited biographic and identification information such as the detainee's name, A-Number, DOB, and the requisition number for the sample are sent with the sample. Once the outside laboratory tests the sample, the laboratory sends the results back to the detainee's facility. The outside laboratory retains the PII and discards the sample as appropriate when no longer needed. IHSC personnel review the results, incorporate the results into the detainee's eHR record, and as appropriate, follow up with detainees on the results of laboratory work.

### *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), released, or removed, ICE ERO personnel create a travel manifest in EID that accompanies the detainees when they are moved. The IHSC personnel at the facility from which the detainee is departing prepare a Medical Transfer Summary document within the eHR system summarizing the detainee's healthcare. In addition to listing the detainee's name, A-Number, DOB, nationality, and gender, the document provides a summary of the detainee's significant medical information needed by security personnel while the detainee is traveling. The summary includes medications to be administered during transport, any special needs or considerations (e.g., use of a cane or wheelchair, allergies), and an appropriate travel clearance. When required, additional health records are secured in a sealed envelope separately from the Medical Transfer Summaries. The envelope is given to medical personnel at the receiving facility or to the country to which the detainee is being removed in order to enable them to expedite the detainee's screening and assessment and continued care.



## *Treatment of Detainees by External Healthcare Providers*

When detainees require healthcare, services, or equipment beyond the capabilities of the IHSC-staffed facility or the medical staff, the facility may engage the services of external healthcare providers. Before ICE sends a detainee to an external healthcare provider, IHSC personnel document a treatment request in the Referral component of the eHR system and refer the detainee for treatment to the external healthcare provider. Payment to the external provider is authorized before treatment, except in emergency cases when the treatment cannot wait for approval. This request authorizes payment for the care, services, or equipment requested by the IHSC provider, and contains the detainee's biographic information including name, A-Number, DOB, and gender; details concerning the detainee's condition requiring specialized care or treatment; the diagnosis code for the medical condition; the name of the IHSC personnel requesting the external healthcare treatment; the name, address, and phone number for the external healthcare provider; and information about the detainee's detention facility.<sup>11</sup>

The request for external healthcare services serves as an authorization and obligation for the government to pay the external healthcare provider for the treatment (e.g., attending a physical therapy session or receiving dialysis treatment). The detainee is transported by detention staff from the IHSC-staffed facility to the external healthcare provider to receive the necessary treatment or equipment. A copy of the treatment request is hand-delivered to the external healthcare provider who is treating the detainee along with a copy of any medical documentation relevant to the treatment. At the conclusion of treatment, the detainee is transported back to the detention facility. The treatment request information is sent to the VA FSC so that the VA FSC can pay the external healthcare provider for treating the detainee. If a treatment request is denied<sup>12</sup> and is not authorized for payment, an appeal may be submitted to IHSC Headquarters for consideration. In the case of an emergency, a detainee is sent to an external healthcare provider in order to receive the care he or she needs, and after the detainee has been treated, a treatment request is submitted.

There are also times when detainees in a non-IHSC-staffed facility requires healthcare, services, or equipment beyond the capabilities of the facility, and the medical providers in the facility need to engage the services of external healthcare providers. Because medical providers in non-IHSC-staffed facilities cannot access the Referral component in the eHR system, they submit treatment requests in the ICE MedPAR system. MedPAR is a web application maintained by ICE. Before an external healthcare provider treats a detainee, the medical provider in a non-IHSC-staffed facility creates a MedPAR request containing biographic information about the detainee; the diagnosis code for the medical condition; the name of the referring provider; the name, address, and phone number for the external healthcare provider; the name of the IHSC Managed Care coordinator; and information about the detainee's detention facility. The detainee's medical provider is responsible for determining what treatment is medically necessary for

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<sup>11</sup> IHSC personnel only request medically necessary services, treatments, or equipment. Moreover, 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 Food and Drug Administration (FDA).

<sup>12</sup> Treatment requests are reviewed by IHSC reviewers such as Clinical Directors and Health Services Administrator and may be denied for various reasons including the detainee no longer being in ICE custody; the detainee being scheduled for release prior to the appointment with the external healthcare provider; due to incomplete information in the treatment request; or because the IHSC reviewer determined the services were not medically necessary.



the detainee and the MedPAR system approves payment for the requested treatment. The MedPAR system provides approved treatment requests to the VA FSC indicating the detainee who was treated, the treatment requested by his or her medical provider, and the external healthcare provider who treated the detainee. This allows the VA FSC to pay the outside provider who provided the service.

In rare circumstances, ICE ERO officers and ICE Office of Homeland Security Investigations (HSI) agents request emergency medical care for aliens they apprehend. Additionally, U.S. Customs and Border Protection (CBP) personnel periodically need to request emergency care for aliens they apprehend prior to their removal or transfer to ICE custody. ICE ERO officers, HSI agents, and CBP personnel do not have access to the eHR system. Instead, they record information about the requested emergency service including the date of the service and whether or not the individual stayed in the hospital in their agency's booking system.<sup>13</sup> These systems provide the information about the requested emergency service to EID. EID generates a report containing the information about the emergency treatment requests that were made and the report is shared with the VA FSC so that the VA FSC can pay the claims from the external healthcare provider for the emergency care they provided. If CBP personnel apprehend aliens who require non-emergency care prior to their removal or prior to their transfer to ICE custody, CBP personnel submit treatment requests using MedPAR.

### *eHR System Reporting Capability*

The eHR system's reporting capability allows IHSC staff and leadership to run reports on various aspects of detainee health. Some reports are used to provide details on the condition of detainees in ICE custody. Some reports are used to identify trends and health concerns in the detainee population including identifying outbreaks of infectious or pandemic diseases, such as tuberculosis, and enabling reporting of these diseases to the U.S. Centers for Disease Control and Prevention (CDC) and to state and local health departments.<sup>14</sup> Some reports help to provide oversight and monitor compliance with medical and detention guidelines or standards while others are used to assess the quality of the care provided to detainees. Finally, some reports are used to manage employee workloads, to manage budgets, and to align resources with operational needs.

Some reports are used for statistical reporting and contain no PII such as the number of patients seen in a day by a given medical provider or the number of detainees in a given facility who have been diagnosed with a particular illness while other reports contain information about detainees including their name, A-Number, and relevant medical information. In order to meet changing reporting requirements, eHR system users are also able to run ad hoc reports such as a report identifying detainees with a particular strain of the flu.

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<sup>13</sup> HSI agents and ERO officers use the EID Arrest Guide for Law Enforcement (EAGLE) application, a subsystem of EID. See the DHS/ICE/PIA-015(e) - Enforcement Integrated Database ENFORCE - EAGLE Update at [http://www.dhs.gov/sites/default/files/publications/privacy/privacy\\_piaupdate\\_ice\\_eid\\_07252012.pdf](http://www.dhs.gov/sites/default/files/publications/privacy/privacy_piaupdate_ice_eid_07252012.pdf) for more information. The CBP Office of Field Operations (OFO) uses SIGMA. See the DHS/CBP/PIA-006(b) - Automated Targeting System (ATS) Update at [http://www.dhs.gov/xlibrary/assets/privacy/privacy\\_pia\\_cbp\\_ats006b.pdf](http://www.dhs.gov/xlibrary/assets/privacy/privacy_pia_cbp_ats006b.pdf) for more information. CBP Border Patrol uses E3. See the DHS/CBP/PIA-012 - CBP Portal (E3) to ENFORCE/IDENT at <http://www.dhs.gov/xlibrary/assets/privacy/privacy-pia-cbp-e3.pdf> for more information.

<sup>14</sup> The CDC and state and local health departments generally require healthcare providers to report certain suspected or confirmed communicable diseases, such as tuberculosis.



The eHR system's reporting capability also generates a list of the treatment requests for detainees sent to external healthcare providers for treatment. The report contains biographic information about the detainees, the status of the treatment requests, and the dates the detainees were in ICE custody. This report is shared with the VA FSC so that the VA FSC can pay the external healthcare providers. Additionally, the eHR system's reporting capability allows for the matching of detainee medical needs with appropriate facility resources. Using information about detainees, their medical classification, their special medical needs such as using a wheelchair or blindness, along with information about the various resources at detention facilities and community health facilities used by ICE, the eHR system is used to help ensure that detainees are sent to facilities where they will be able to receive the care suited to their individual needs.

## **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 DHS 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. 113-6, 127 Stat. 346 (2013). An Act making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2013, including for necessary expenses for enforcement of immigration and customs laws, detention and removals, and investigations.

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

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.

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. ICE does not meet the statutory definition of a covered entity 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 other than 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, 74 FR 57688 (November 9, 2009).<sup>15</sup>

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

The system security plan for the eHR system has been completed and the Authority to Operate (ATO) was authorized in July 2013.

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

A records retention schedule is being developed for the records in the eHR system. The proposed retention period for the information about adults in the eHR system is ten (10) years after a detainee leaves ICE custody. The proposed retention period for the information about minors in the eHR system is until the minor has reached the age of 27 years in order to better comply with state laws regarding the retention of medical records related to minors. After the retention period has been reached, the records are destroyed because at that point they are no longer needed to provide treatment, for analysis related to management issues or quality control, or for possible litigation or tort claims. The current ICE Medical Program Clinical Records retention schedule (N1-567-08-001) does not specifically address a longer retention period for records related to minors. This will be addressed in the eHR records retention schedule that is being developed.

## **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.**

Per guidance received from the Office of Management and Budget (OMB), the Paperwork Reduction Act (PRA) does not apply if the collection of information occurs after a case file is opened against a detainee. ICE creates case files for detainees prior to using the eHR system to collect information about them; therefore the eHR system is exempt from PRA.

## **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.

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<sup>15</sup> The DHS/ICE-013 Alien Medical Records SORN is available on the DHS website at <http://www.dhs.gov/privacy>.



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

The following types of information will be collected, generated, retained, or accessible in the eHR system:

- Biographic information for the detainee such as name, DOB, nationality, and gender;
- Alien's picture;
- Identifiers for the detainee such as A-Number for ICE detainees and Bureau of Prisons number for U.S. Marshals Service prisoners held in ICE facilities;
- Distinguishing characteristics of the detainee, such as scars, marks, and tattoos;
- Medical information such as height; weight; blood pressure; temperature; food, environmental, and drug allergies; medical conditions including chronic conditions such as hypertension or asthma; medical history including family medical history and social history; dental information and records including X-Rays, treatment, and procedure records; mental health information including treatment plans; current and past diagnoses including symptoms reported; medical examination records and medical notes; medical alerts; diagnostic data such as tests ordered and test results, treatment records, and medical treatment plans; and medical devices the person has such as hearing aids or a pacemaker;
- Information about special needs and accommodations, such as requiring a cane, wheelchair, special shoes, or needing to sleep on a bottom bunk;
- Information regarding care provided by external healthcare providers including treatment requests and authorization for payment and claims information;
- Appointment information including the day and time of the appointment, appointment location, the type of appointment, the name of the medical provider seeing the detainee, and whether the detainee came to the appointment;
- Information related to prescriptions including the name of the prescribing IHSC medical provider, medication name, dosage, refill information, and instructions including whether the medication will be self-administered by the detainee or administered by IHSC personnel;
- Laboratory test information including the type of test performed; the date and time the test was ordered; the IHSC personnel ordering the test; the name, address, and contact information of the outside laboratory to which the test was sent; the results returned by the laboratory; and the name of the IHCS personnel reviewing the laboratory results;
- Forms, including signed refusal forms (signatures may be captured electronically); signed informed consent forms (signatures may be captured electronically); records concerning the diagnosis and treatment of diseases or conditions that present a public health threat, including information about exposure of other individuals and reports to public health authorities; and



legal documents such as death certificates, do not resuscitate orders (DNR) orders, and advance directives (e.g. living will);

- Information regarding IHSC personnel and external healthcare providers including name; address; phone number; e-mail address; credentials such as medical doctor, registered nurse, or dentist; authorized privileges; work location; work schedule; and work assignments/tasks;
- Information regarding resources available at detention facilities including the number and types of medical housing beds in the facility; the availability of special needs accommodations such as walkers and wheelchairs; and the availability of laboratory, radiology, and pharmacy services. It also includes information on the availability of medical personnel including physicians, dentists, social workers, and psychologists; and
- Information regarding resources available in the community such as hospitals, long-term care facilities, and rehabilitation facilities.

As noted previously, the eHR system's reporting capability allows IHSC to run reports on various aspects of detainee health. Some reports provide details on the condition of detainees in ICE custody. Other reports are used to identify trends and health concerns in the detainee population including the outbreak of infectious or pandemic diseases. The eHR system is also able to generate reports to help monitor compliance with medical and detention guidelines or standards while other reports are used to assess the quality of the care provided to detainees. Additionally, reports are used to manage employee workloads, to manage budgets, and to align resources with operational needs. The system's reporting capability is also used to provide the VA FSC with information about treatment requests for detainees sent to external healthcare providers for treatment so that the VA FSC can pay the providers. Finally, the eHR system is used to identify detainees' healthcare needs and to match them with detention facilities and community health facilities that ICE uses that can adequately address those needs. Reports about individual detainees and their medical condition often contain PII including the detainee's name, A-Number, and relevant medical information. Other reports only contain statistical information.

MedPAR contains the following types of information:

- Biographic information for the detainee: name, DOB, nationality, and gender;
- Identifiers for the detainee: A-Number, Border Patrol number, Bureau of Prisons number, and Fingerprint Identification 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; and
- 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.

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

The information in the eHR system comes from various sources.

The first source is the Enforcement Integrated Database (EID). EID provides biographic information about detainees along with their picture, the detention facility where they are housed, and their booking information (book in and book out dates) thus helping to ensure there is accurate identification data in detainee medical records. EID is also used to produce the travel manifest that accompanies detainees when they are transferred to a different facility. The eHR system will receive a summary of the travel manifest, which contains basic biographic information such as the name, A-Number, DOB, nationality, and gender of detainees to be transferred. This information is used by IHSC personnel to ensure a record is created in the eHR system when the detainee arrives at an IHSC-staffed facility. (Note: if the eHR system already has a record for a detainee, the IHSC personnel use the existing record.) In addition to receiving information from EID, the eHR system also provides information to EID. The eHR system sends EID an indication of whether or not IHSC personnel have placed in the eHR system a medical hold, a medical alert, or a required medical escort on the detainee (such as a medical hold preventing a detainee from being transferred).

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 examinations they receive, and during any other interaction they have with IHSC 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 medical providers who treat the detainees. Providers gather information about detainees when performing evaluations. Personnel at IHSC-staffed facilities enter this information and any other health information received from external healthcare providers in the eHR system ensuring providers have up-to-date information about the detainee and are able to provide appropriate care.

The fourth source of information is from other external healthcare providers who treat detainees. Prior to incorporating information into a detainee's record in the eHR system, IHSC personnel review the information to make sure it is for the correct individual and that it is appropriate and complete.



The final source of information is from ICE personnel or facility detention staff who may observe and report to IHSC personnel information that may have medical relevance (e.g., a detainee who has a seizure, is not eating, 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 eHR system does not collect any commercial information in identifiable form. The only publicly available data the eHR system uses are the standard medical, mental health, nursing, and dental diagnosis and treatment code sets (e.g., ICD-9 codes), which are standard across the healthcare industry.

### **2.4 Discuss how accuracy of the data is ensured.**

IHSC tries to ensure it has accurate and complete information in a number of ways.

First, IHSC collects medical information directly from detainees during the intake screening process and any other interactions detainees have with IHSC personnel. Meeting with detainees and carefully discussing their medical history, including family medical and social history, allergies, special needs, and medications, helps the medical provider collect accurate and complete health information for each detainee. In cases in which there are language issues, interpreters are used to ensure accurate collection of information from the detainee.

Second, the sharing of data between the eHR system and other systems such as EID helps reduce instances of duplicate data entry as well as errors made by manual entry. IHSC personnel manually review records sent by external healthcare providers prior to their inclusion in the eHR system in order to ensure that ICE receives information on the correct individual.

Third, IHSC has established quality control processes that require IHSC personnel to evaluate and validate certain information that is entered into the detainee's eHR records.

Fourth, the system enables users to enter progress notes into a health record and requires the user to "lock" each note. Prior to locking a note, the note must be validated to ensure that all the information in it is accurate. Once a note is "locked" it can no longer be changed.<sup>16</sup> After locking a note, only an addendum can be added to the note, thus helping to protect the integrity and completeness of the eHR record.

Fifth, chart reviews (the reviewing of detainees' eHR records) are performed on a regular basis. Having detainees' eHR records reviewed by IHSC personnel at the facility and by IHSC Headquarters

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<sup>16</sup> Users are required to lock the notes they create. Notes are not automatically locked because there are times when a user may be called away such as to respond to an emergency and will need to come back and complete the note. If a user creates a note and has not yet locked it, other users are able to modify the unlocked note. Users that do not lock a note immediately are required to review the access logs to their note to see if the note was accessed and by whom. It is the responsibility of the note creator to ensure the note is complete and accurate prior to locking the note. Additionally, the system has tools that help users to track their unlocked notes. For example, if a user tries to log off the eHR system and the user has unlocked notes, the system warns the person to lock his or her notes before logging off. Also, managers track unlocked notes in the system to ensure that they get locked.



personnel helps to identify errors and ensure that records are complete.

Finally, each detainee only has one comprehensive health record in the eHR system. Having one record updated as the detainee receives care helps ensure data accuracy since users are adding and updating information in the same record.

## **2.5 Privacy Impact Analysis: Related to Characterization of the Information**

**Privacy Risk:** Given the sensitive nature of the information contained in the eHR system, there is a risk that individuals without a need to know may be able to access the sensitive information.

**Mitigation:** Due to the sensitivity of the information, ICE mitigates this risk in two ways. First, ICE restricts access to the information to only personnel who have a need to know. The eHR system uses role-based security to restrict user access to only those functions required for their official duties. Second, all users, including non-IHSC personnel, are required to take annual privacy and security training and are required to sign the DHS Rules of Behavior before they are permitted access to the DHS network, thus helping to mitigate this risk.

**Privacy Risk:** There is a risk that the information integrated from EID, provided by an external healthcare provider, or provided by the detainee is incomplete, inaccurate, or excessive.

**Mitigation:** To ensure that detainee biographic information received from EID is correct, IHSC personnel verify the data provided by EID during their various interactions with the detainee. If an error or issue is found with the information provided by EID, IHSC personnel contact ERO personnel to correct or verify the information. The eHR system then receives the updated information from EID. Any paper medical records provided by the detainee, his or her family, or representatives will be scanned and appended to the detainee's eHR record. Information received from an outside medical records system is reviewed by IHSC personnel prior to being included as part of the detainee's eHR record to make sure that the information is for the correct detainee and to make sure that ICE did not receive information it did not need. For example, information regarding a detainee's family members would not be needed unless the information is relevant to the detainee's health. When the IHSC personnel reviews the information, if he or she identifies an error, sees that the information is incomplete, or notices some other issue, the IHSC personnel contacts the provider of the information to correct the issue.

## **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 eHR system serves as a central repository for health information about ICE detainees in IHSC-staffed detention facilities, and IHSC personnel use this information to provide detainees with the medical care they need. As noted above, one of the system's capabilities is to match detainees with facilities that have appropriate resources for housing and/or treating them. When a provider in an IHSC-staffed facility determines that treatment or specialty care is required that is beyond the scope of the



services offered in the facility, the provider submits a treatment request using the Referral component so that the detainee can receive treatment from an external healthcare provider. When a provider in a non-IHSC-staffed facility determines that a detainee needs treatment or specialty care beyond the scope of the services offered in the facility, the provider submits a treatment request in MedPAR so that the detainee can receive treatment from an external healthcare provider. ERO officers, HSI agents, and CBP personnel submit requests for emergency care through their agency's booking system. The treatment request (whether submitted in the eHR system, in MedPAR, or through their agency's booking system) authorizes the VA FSC to pay the external healthcare provider for the services provided to the detainee. The eHR system also enables ICE and external healthcare providers to share detainee health information to ensure that each has the information it needs to properly care for the detainees.

When a detainee needs laboratory work, IHSC personnel use the eHR system to order the laboratory work and to note that they collected the specimen (blood, urine, etc.) that is to be sent to the outside laboratory for analysis. Once the laboratory finishes the analysis, the laboratory returns the results to the detention facility. The results are reviewed by IHSC personnel and included as part of the detainee's eHR record.

When a detainee is transferred to a non-IHSC-staffed facility, ICE shares information from the detainee's eHR record with the detention facility in order to ensure continuity of care and to ensure that the detention facility has a complete history of the detainee's care as possible.

ICE uses the system's reporting capability for various purposes including making staffing and budget decisions and tracking and reporting on detainees with significant medical or mental health issues. The system is also used to track and report on detainees with tuberculosis and other infectious diseases, including sharing information with public health agencies, as required, and with other organizations to help coordinate the detainee's treatment post-removal.

ICE may use health information in legal proceedings. If there is a question regarding the mental competency of an alien in immigration proceedings, ICE may present the results of a mental health evaluation and/or related health information to the immigration judge (as well as any legal representative of the alien) so he or she may determine whether to order a competency evaluation. Health information related to grounds of inadmissibility contained in 8 U.S.C. § 1182(a) (1) (A) and (g), health 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 sharing is to enforce relevant provisions of the Immigration and Nationality Act and to protect the health of the general public in the United States.

Information in the eHR system may also be shared with the U.S. Department of Justice (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 when the medical condition of ICE detainees is called into question. In these situations, ICE may share health information with DOJ and the 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 personnel do not use the eHR system to identify predictive patterns or anomalies but they do analyze the information stored within the eHR system to identify trends, such as an increase in the number of flu or tuberculosis cases in particular parts of the United States or the ten most prevalent diagnoses among the detainee population on a given day. This analysis helps IHSC personnel to better understand the detainee population and thus to provide them with higher quality care. This analysis also helps IHSC leadership to make decisions regarding resource utilization.

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

There are no components with assigned roles and responsibilities in the eHR system. As noted above, CBP personnel may need to request emergency medical care for aliens they apprehend prior to the alien's removal or transfer to ICE custody. Because CBP personnel do not have access to the eHR system, they record treatment requests for aliens needing emergency medical care in their agency's booking systems. A report is run from EID and the treatment requests are shared with the VA FSC so that the VA FSC can pay the hospital. If CBP personnel need to request that an alien be treated by an external healthcare provider in a non-emergency situation, CBP personnel submit a treatment request in MedPAR.

### **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 the system are only given access to the components of the eHR system they need in order to perform their jobs. For example, only dental personnel receive access to the Dental X-Ray component of the eHR system. Additionally, there may be information in an eHR record that a user can see but not be able to edit depending on the user's user role. Second, formal group training and individual training are offered to users to ensure that they know how to properly use the system. Third, all eHR system users are 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 with the information they contain. Finally, the system's auditing capability records users' activities in the system and the system's audit logs are reviewed on a regular basis by system administrators to ensure that the system is being used appropriately.



## 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 two ways. First, a privacy notice (see the Appendix to this PIA) 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 upon arrival at an ICE facility. Materials are either provided in the detainee's native language or translation services are made available to detainees to ensure they can understand the materials. The notice makes detainees aware of the information being collected and how it is to be used. Second, the publication of this PIA and the DHS/ICE-013 Alien Medical Records SORN provide general public notice on the existence of the eHR system and the information it contains.

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

During the intake screening, detainees are given a consent form to sign permitting ICE to share their information for medical reasons. Additionally, during the intake screening and any subsequent meetings that IHSC personnel have with detainees, IHSC personnel collect health information directly from detainees. Detainees are free to choose to not share any health information with the medical provider. When detainees refuse to provide necessary information, IHSC personnel advise the detainees that the lack of information could negatively impact their health or the care they receive. After any underlying medical or mental health conditions are considered and ruled out as a cause of the unwillingness to provide the needed information, the refusal to provide information is considered a refusal of healthcare services. The detainee is also provided with a refusal form on which he or she can indicate his or her unwillingness to comply with certain things, such as refusing to take medications or refusing recommended treatments. 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. The form is then stored as part of the detainee's eHR record. Additionally, there are certain medical procedures, such as giving a person anesthesia, pulling a tooth, or administering psychiatric medications for which IHSC obtains the detainee's consent before performing. A separate consent form is used to authorize these procedures.

If a detainee is unable to sign a consent form because of an urgent medical need, then implied consent will be documented until such time that the detainee is able to sign a consent form. If a detainee is unable to sign a consent because of physical limitations, arrangements will be made to allow the detainee to make some mark or multiple witnesses to document the detainee's verbal consent.

### **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 IHSC personnel and provide them with information including 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 health-related reasons. Additionally, a privacy notice is posted in the facility and is included in the detainee handbook. Finally, the publication of this PIA and the DHS/ICE-013 Alien Medical Records SORN help mitigate this risk by providing a description of the eHR system 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 proposed retention period for the information about adults in the eHR system is ten (10) years after a detainee leaves ICE custody. The proposed retention period for the information about minors in the eHR system is until the minor has reached 27 years old in order to better comply with state laws regarding the retention of medical records related to minors. After the retention period has been reached, the records are destroyed because at that point they are no longer needed for analysis related to management issues, quality control, or for possible litigation or tort claims.

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

**Privacy Risk:** There is a privacy risk that the information will be retained for longer than is needed to accomplish the purpose for which the information was originally collected.

**Mitigation:** The information in the eHR system is retained for the timeframe outlined in section 5.1. Unlike other information that may become inaccurate over time, medical records tend to be a factual description of the individual's health status and treatment at a given point in time and do not become outdated. As noted above, these retention periods help to ensure that ICE has access to detainee health information for an appropriate period of time in case it is needed. The retention period for records relating to minors is different to ensure that ICE can accommodate state requirements regarding the retention of medical records for minors.

## **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.**

Detainee health information is shared outside of DHS with several different groups:



(1) U.S. Department of Veterans Affairs Financial Services Center (VA FSC): ICE has an Interconnection Security Agreement (ISA) with the VA FSC to authorize payment for medical services provided to detainees by external healthcare providers. As noted above, the VA FSC receives approved treatment request information in three methods: (1) the eHR system's reporting capability generates a list of the treatment requests for detainees sent to external healthcare providers for treatment; (2) a report is generated from EID listing aliens sent for emergency care by ERO officers, HSI agents, or CBP personnel; and (3) treatment requests using MedPAR are sent to the VA FSC via secure file transfer protocol (secure FTP). This information is provided to the VA FSC in order to allow them to reimburse the external healthcare providers who treat detainees.

(2) External healthcare providers: This includes local hospitals and other external healthcare specialists who treat detainees when the detainees cannot receive the needed treatment in their detention facility. IHSC personnel or healthcare providers in the non-IHSC-staffed facilities provide the external healthcare provider with information about the detainee (name, A-Number, DOB, nationality, and gender) along with a copy of the treatment request and any healthcare documentation relevant to the treatment. The information assists the provider with treating the detainee.

(3) Outside medical laboratories: IHSC provides laboratory samples for detainees to external medical laboratories so the laboratories can test the samples and return the results of the tests to IHSC. When a laboratory is able to receive electronic notices about samples being sent to it for analysis, IHSC personnel, using the Diagnostic Services component, send a notice either via fax or encrypted and password protected email to the laboratory letting it know that a sample is being sent to it. Limited biographic and identification information are included with the sample that is sent to the laboratory. When a laboratory is not able to receive electronic notices, the request for service is sent in hard copy with the sample.

(4) Foreign government or local community: Some foreign governments require medical information to approve a detainee's travel or at the time the detainee is returned to his or her home country. A copy of the detainee health record is provided if requested by the detainee or requested by the home country government. When a detainee has a health condition like tuberculosis that could affect the general public, the necessary health information may be shared with the receiving country in order to enable the receiving country to protect the general public and support continuity of care. Similarly, ICE may share detainee health information with organizations in the local community such as group homes or long-term rehabilitation centers if a detainee is being released into the community and the receiving organization needs a copy of the detainee's health record in order to support continuity of care or to protect the general public.

(5) Accrediting agencies: ICE seeks accreditation by two national accrediting agencies - the American Correctional Association (ACA), which accredits correctional institutions and the National Commission on Correctional Health Care (NCCHC), which accredits correctional institutions that provide healthcare services. As part of the accreditation process for both organizations, ICE is required to allow the examination of detainee health records so the accrediting agencies can verify that ICE keeps adequate records about its detainees. The accrediting agencies are not allowed to record/copy detainee information or remove it from the facilities.



(6) ICE contractors: ICE discloses health information to independent external healthcare professionals who review detainee 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.

(7) DOJ Immigration Courts: If there is a question regarding the mental competency of an alien in immigration proceedings before a DOJ 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. Health information related to grounds of inadmissibility contained in 8 U.S.C. § 1182(a) (1) (A) and (g), health 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. Disclosures to immigration courts would also include service of the same information on the attorney, law firm, or other group or individual representing the alien in the immigration proceeding.

(8) DOJ: 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. For example, if a detainee is on a hunger strike, IHSC might request permission to place a feeding tube in order to feed the person or to give psychotropic medications to a psychiatric patient that needs them. DOJ also represents ICE in civil actions in which the medical condition of ICE detainees is called into question. In these situations, ICE may share health information with DOJ and the information may be filed in federal district courts as evidence, with appropriate privacy protections.

(9) Other law enforcement agencies: ICE periodically transfers detainees to the custody of other law enforcement agencies. As mentioned above, when detainees are transferred, the detainee's health information is shared with the receiving facility to assist with continuity of care.

(10) 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 health information about ICE detainees. Appropriate privacy protections by the federal courts protect this information.

(11) Public Health Officials: 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 TBNet (with detainees' consent) and CureTB (with detainees' consent) to ensure that the individuals receive continuity of care if they are removed from the United States to another country.

(12) Legal Representatives: ICE detainees often have legal representatives officially assigned to their case to represent them in legal proceedings. These individuals often request medical records to ensure appropriate care is given to detainees.



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

SORN coverage 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 for the uses described above is compatible with this purpose. The disclosure of information from EID to the VA FSC is covered by the routine use addressing sharing with contractors in the DHS/ICE-011 - Immigration and Enforcement Operational Records System (ENFORCE) SORN.<sup>17</sup>

## **6.3 Does the project place limitations on re-dissemination?**

Yes, there are limitations on the re-dissemination of information in the eHR system. For some of the recipients with whom ICE shares information, such as the external healthcare providers, re-dissemination of the information is governed by public health laws including HIPAA, standards of medical care and practice, and any associated confidentiality requirements help prevent them from re-disseminating the information. The ISA with the VA FSC states that the VA FSC may only use detainee information sent from ICE to verify that an individual is in ICE custody and is thus eligible to receive medical treatment. The VA FSC cannot use health information in any other regard unless given consent from 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. Any sharing or re-dissemination of health information by immigration judges and other law enforcement agencies is permitted as authorized by the recipient agency's SORN(s) or information sharing policies. There are no limitations regarding the home countries re-disseminating information as the laws of the United States are not applicable.

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

As noted above, sometimes detainees need external healthcare services 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 external healthcare provider with needed information about the detainee and his or her medical condition in order to allow the provider to treat the detainee. Whenever a detainee's health information is shared with an outside provider, IHSC personnel make a note of the disclosure in the detainee's record noting to whom the information was sent, when it was sent, what was sent, and the reason for the disclosure. Additionally, IHSC health records staff members at each facility maintain a log of all requests for records that the facility receives and the response.

Laboratory services are requested through the ordering of diagnostic tests within the eHR system. Each order is associated with a specific detainee. The eHR system tracks each laboratory order with a requisition number. After delivery of the sample by a courier service to the outside laboratory, the

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<sup>17</sup> See DHS/ICE-011 - Immigration and Enforcement Operational Records System (ENFORCE) SORN, 75 FR 23274 (May 3, 2010), <http://www.gpo.gov/fdsys/pkg/FR-2010-05-03/html/2010-10286.htm>.



laboratory's personnel scan the specimen's barcode, which links the specimen to the requisition number. Once the sample has been examined, the test result is sent from the laboratory's system to the eHR system.

Payments for medical services provided by external healthcare providers are authorized by IHSC using the Referral component of the eHR system, MedPAR, or a report of treatment requests generated from EID. As noted above, the VA FSC acts as a fiscal agent for ICE and uses the information it receives from ICE to issue payment for services provided by external healthcare providers. Each request has information about the detainee being treated and the treatment to be received including the reason for it. Thus, the records in the Referral component of the eHR system, in MedPAR, and in the reports generated from EID serve as a record of the information that is disclosed to the VA FSC and/or to the external healthcare provider.

When a detainee is transferred to another detention facility, whether one run by ICE or run by another agency, the IHSC personnel at the ICE facility from which the detainee is leaving prepare a Medical Transfer Summary for the detainee. A copy of the Medical Transfer Summary is kept in the detainee's eHR record. Similarly, when a detainee is removed to a foreign country, a Medical Transfer Summary is prepared and a copy is kept in the detainee's eHR record. If ICE releases health information about a detainee to a foreign government to ensure continuity of care or in the interest of public health, ICE records with whom the information was shared and the individual's contact information in the detainee's eHR record along with a copy of the communication arranging the care.

ICE keeps copies of the reports that it sends to the CDC, state and local health departments, TBNNet, and CureTB in the infection control file at each facility. Infectious disease reporting is done on county and/or state specific forms using information in the eHR system. When an infectious disease report is faxed or sent to a county health department, a copy of the report is kept in the facility's infection control file. These reports are not typically completed online, but if a report is completed in this manner, a copy is placed in the facility's infection control file.

## **6.5 Privacy Impact Analysis: Related to Information Sharing**

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

**Mitigation:** This risk is mitigated by the fact that all recipients have a valid need-to-know related to the care of the detainee, the payment of invoices related to the detainee's care, the detainee's pending immigration proceedings, public health, and/or transfer of custody or removal of the detainee. Some of these disclosures, such as the reporting of infectious diseases to public health authorities, are required by law. In appropriate cases, such as the disclosure of treatment requests to the VA FSC, ICE has prohibited the recipients by agreement from further disclosing the detainee's information except for specified and authorized purposes.



## 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 record in the eHR system by following the procedures outlined in the Alien Medical Records SORN. Please see the DHS/ICE-013 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 health record by submitting a Form G-639, Freedom of Information/Privacy Act Request form, or its equivalent, to any staff member in the facility's healthcare unit or to the ICE FOIA office. Additionally, while in custody, detainees can simply write a note requesting a copy of their health record and give it to any staff member in the facility's healthcare unit. There is no single procedure for how detainees in the contract detention facilities or in the IGSA facilities where IHSC personnel are not present request access to their record. Each facility has its own process. Persons seeking such information should contact the chief administrative officer of the facility for guidance.

Upon removal from an IHSC-staffed detention facility, detainees may receive a copy of their health record if it is medically necessary, if requested, or if required by regulations.

Additionally, individuals seeking notification of and access to any record contained in the eHR system or seeking to contest its content, may submit a request to the ICE FOIA Office:

U.S. Immigration and Customs Enforcement  
Freedom of Information Act Office  
500 12th Street SW, Stop 5009  
Washington, D.C. 20536-5009  
(866) 633-1182  
<http://www.ice.gov/foia/>

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., STOP-0655, Washington, D.C. 20528-0655.

### **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. In particular, individuals in ICE custody seeking to contest or change information in their health record may request an appointment with the clinical director or their physician to review and/or change the



information in their health record. If it turns out that information in the health record is incorrect, an addendum will be made to the record to correct the error.

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:

U.S. Immigration and Customs Enforcement  
Freedom of Information Act Office  
500 12th Street SW, Stop 5009  
Washington, D.C. 20536-5009  
(866) 633-1182  
<http://www.ice.gov/foia/>

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., STOP-0655, Washington, D.C. 20528-0655. If it turns out that information in the medical record 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 DHS/ICE-013 Alien Medical Records SORN and in this PIA in Questions 7.1 and 7.2.

### **7.4 Privacy Impact Analysis: Related to Redress**

**Privacy Risk:** There is a risk that detainees will not know how to access or correct their health record after being released from custody.

**Mitigation:** This risk is mitigated in several ways. First, detainees can request a copy of their eHR record at any time while in ICE custody. Additionally, the detainee handbook notifies detainees that they may file a Freedom of Information Act (FOIA) request to obtain a copy of their eHR record after they have been released from ICE custody and it provides instructions for how to do so. Finally, 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 health records under FOIA and the Privacy Act. After being released from custody, detainees can request the correction of an error in their eHR record through the FOIA process, by writing to IHSC, or by writing to the facility where they were detained. Information about the FOIA process is available on the ICE public website at [www.ice.gov/foia](http://www.ice.gov/foia).

## **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?**

The eHR system helps to ensure that use of the system is appropriately limited in several ways. First, system users are provided access only to the components in the system they need in order to perform their duties. For example, only personnel doing pharmacy-related work are granted access to the pharmacy component and nurses would not be given access to the dental component. Additionally, depending on a user's user role, a user may or may not be able to see or edit particular information in an eHR record. For example, there are some fields that only a doctor can access and edit. Second, all users, including non-IHSC personnel, sign the DHS Rules of Behavior regarding the use of the system and the information it contains. Third, security protections are built into the system including encryption between the users' web browsers and the eHR system which helps to protect the data.

Additionally, the eHR system performs various types of auditing. If a user creates and locks a note and later realizes that the note was not complete or accurate, he or she cannot delete or edit the note. Instead, the user must 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 and treatment requests. Additionally, access to the system is logged and regularly monitored for suspicious activity. User activity logs are regularly reviewed not only by system administrators but also by supervisors in order to ensure that their employees are using the system appropriately.

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. 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 eHR system users receive training on the eHR system components that they will use as part of their job. The training takes place prior to being granted access to the system in order to ensure that they understand the information to which they have access and how to properly protect it. All 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 eHR system has user roles that determine what information the user sees and what the user can do in the system. The Health Services Administrator (HSA) at each facility oversees the IHSC personnel at the IHSC-staffed facilities. For each IHSC user, the HSA determines the appropriate user role and level of access in the system depending on the person's job category. IHSC Field Medical Coordinators (FMC) are responsible for overseeing the medical care provided to detainees at non-IHSC-



staffed facilities.

Below is a description of the various types of user roles in the system:

1. System administrator – These users have access to all information in the system. They are able to review user account requests; create, deactivate, and activate user accounts; manage and maintain the system maintenance; and they periodically review the user access list and disable user accounts for individuals who no longer require access to the eHR system. Administrators also have the ability to generate reports, create new reports, and update reference data.
2. IHSC system user – This is the basic user role for users of the system. The capabilities of each user's account are determined by the individual's job category. All users are able to access detainee health records and can print records and run reports. Although this is not an exhaustive list, below is a summary of the major user types in the system and the capabilities of each:

### **Medical Personnel**

- Physicians are able to view and update records in the eCW component. They use the Diagnostic Services component to order diagnostic services such as laboratory and diagnostic imaging studies. They also use the Referral component to create treatment requests for detainees to be treated by external healthcare providers.
- Nurses are able to view and update parts of records in the eCW component. They also use the Referral component to create treatment requests for detainees to be treated by external healthcare providers.
- Physician Assistants and Nurse Practitioners are able to view and update records in the eCW component. They use the Diagnostic Services component to order some diagnostic services such as laboratory services, radiology, and ultrasound services. They also use the Referral component to create treatment requests for detainees to be treated by external healthcare providers.

### **Dental Personnel**

- Dentists are able to view and update records in the eCW component. They use the Dental X-Ray component to take dental X-Rays to support their diagnosis of the detainee's dental needs. They use the Diagnostic Services component to order diagnostic services such as laboratory services, histological services for tissue biopsy analysis, and specialty diagnostic services for off-site and specialty radiological imaging related to dental care. They also use the Referral component to create treatment requests for detainees to be treated by external healthcare providers.
- Dental Hygienists are able to view and update parts of records in the eCW component. They use the Dental X-Ray component to take dental X-Rays as part of the dental care they provide to detainees.
- Dental Technicians are able to view and update parts of records in the eCW component. They use the Dental X-Ray component to take dental X-Rays as part of the dental care they provide to detainees.

### **Mental Health Personnel**

- Psychiatrists are able to view and update records in the eCW component. They use the Diagnostic Services component to order diagnostic services such as laboratory and diagnostic imaging studies. They also use the Referral component to create treatment requests for detainees to be treated by external healthcare providers.



- Psychologists are able to view and update records in the eCW component. They also use the Referral component to create treatment requests for detainees to be treated by external healthcare providers.
- Clinical Social Workers are able to view and update records in the eCW component.
- Psychiatric Nurses are able to view and update parts of records in the eCW component. They also use the Referral component to create treatment requests for detainees to be treated by external healthcare providers.

### **Pharmacy Personnel**

- Pharmacists are able to view and update records in the eCW component. They use the CIPS component to fill prescriptions, look for drug interactions, monitor and track the inventory for medications, and order medications for specialized or immediate needs.
- Pharmacy Technicians are able to view and update records in the eCW component. They use the CIPS component to fill prescriptions, monitor and track the inventory for medications, and order medications for specialized or immediate needs.

### **Miscellaneous**

- Medical Records Technicians are able to view records in the eCW component and are able to upload additional documents to records such as X-Rays and consent forms, but they are not able to prescribe medications or enter diagnostic testing information.
  - HSAs oversee the IHSC personnel at the IHSC-staffed facilities. They determine the appropriate user role and level of access to be given to each system user in their facility depending on the person's job category. They are also able to view and update records in any component of the system.
  - FMCs oversee the care provided to detainees at non-IHSC-staffed facilities. FMCs review detainee medical records and facilitate movement of detainees and their records between non-IHSC-staffed facilities and IHSC-staffed facilities. FMCs collect, scan, and upload health information into the eHR system to support continuity of care.
3. IHSC Headquarters and Managers – These users review the logs of the system in order to monitor the use of the system to ensure their staff members are properly using the system. These users are able to run ad hoc reports for monitoring purposes. These users also review eHR records as part of performance improvement activities and clinical and administrative oversight.
  4. Information System Security Officers – These users oversee the monitoring of the system's logs to ensure appropriate use of the system.

## **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?**

The eHR Program has a Program Management Office that reviews all contractual agreements, new uses of information, and all requested access within and outside of the organization. Currently, there is an ISA between ICE and VA FSC, which covers the data ICE sends to the VA FSC to support the payment of external healthcare providers who treat detainees. In the event that ICE decides to expand the users of the eHR system or the intended uses of the information, IHSC 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 signed copy on file with the DHS Privacy Office

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Jonathan R. Cantor  
Acting Chief Privacy Officer  
Department of Homeland Security



## APPENDIX

This appendix contains the privacy notice that is posted in various parts of detention facilities and that is included in the detainee handbook.

## **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.

\*\*\*Note: This privacy notice is required by the Privacy Act of 1974 and only applies to information about you collected by ICE medical personnel and placed into your ICE medical records. At some facilities, your medical records are not created by ICE medical personnel; in such cases the Privacy Act of 1974 and this notice do not apply to those records.