



Defense Health Agency (DHA)
Privacy and Civil Liberties Office
7700 Arlington Boulevard Suite 5101
Falls Church, VA 22042
703-275-6363

PRIVACY THRESHOLD ANALYSIS (PTA)

The purpose of the PTA is to identify if a system contains personally identifiable information (PII); and determine whether a Privacy Impact Assessment (PIA) is required, whether a System of Records Notice (SORN) is required, and if any other privacy requirements apply to the information system.

Please complete the form and return it to the DHA Privacy and Civil Liberties Office (DHA Privacy Office) for review and determination. The completed PTA should be submitted to dha.ncr.pcl.mbx.piamail@mail.mil. Upon review, the DHA Privacy Office will return the PTA with the determination and provide further instructions.

For additional information and guidance pertaining to privacy related matters, please visit the DHA Privacy Office website at <http://health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties>.

PRIVACY THRESHOLD ANALYSIS (PTA)

SUMMARY INFORMATION

Project or System Name:			
System Owner:		Office or Program:	
DITPR Name <i>(if applicable):</i>		DITPR Number <i>(if applicable):</i>	
Type of Project or System:		Systems Development Life Cycle:	
Date first developed:		Pilot launch date:	
Date of last PIA/PTA:		Pilot end date:	
C&A Status <i>(if applicable):</i>		C&A expiration date <i>(if applicable):</i>	

PROJECT OR PROGRAM MANAGER

Name:			
Office:		Title:	
Phone:		Email:	

GOVERNMENT POC

Name:			
Office:		Title:	
Phone:		Email:	

CONTRACTOR POC

Name:			
Office:		Title:	
Phone:		Email:	

SPECIFIC PTA QUESTIONS

1. Provide a description of the system:	
<p>Please provide a general description of the project and its purpose in a way a non-technical person could understand:</p> <ul style="list-style-type: none"> - the primary uses of the system/application (i.e., explain how the system uses PII (workflow process (include information about other pertinent system components))); - describe the types of personal information about individuals that is collected in the system; - the specific categories of individuals (e.g. active duty, contractors, foreign nationals, former spouses, reservist, national guard personnel, dependents, retirees and/or their dependents) that information will be collected from (or about) within the system; and - indicate the office that owns and/or manages the IT system (e.g. IDD, SDD, etc). 	
Description:	
<p>2. From whom does the Project or Program collect, maintain, use, or disseminate information? <i>Please check all that apply.</i></p>	<input type="checkbox"/> This program does not collect any personally identifiable information <input type="checkbox"/> Members of the public ¹ <input type="checkbox"/> DHA employees/contractors <input type="checkbox"/> Contractors working on behalf of DHA <input type="checkbox"/> Employees of other federal agencies
<p>2. (a) Is this system covered by an existing PIA?</p>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please provide the system name on the PIA:

¹ Members of the public are individuals, partnerships, associations, corporations, (including operations of Government-owned, contractor-operated facilities other than "whole concept contracts"), business trusts, or legal representatives, organized groups of individuals, and State, territorial, tribal, or local governments, or components thereof. Members of the public are considered to be individuals, households, private firms, companies, contractors, Federal employees in special circumstances, and others. Current Federal civilian employees and Military Personnel are considered members of the public, if the collection of information is addressed to them in their capacity as individual private citizens (DoD 8910.1-M). For PIA purposes, DoD dependents are considered members of the public (DD Form 2930).

SPECIFIC PTA QUESTIONS *(Continued)*

<p>3. Does the project, program, or system retrieve information by personal identifier?</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list all personal identifiers used:</p>
<p>3. (a) Is this system covered by an existing SORN?</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list the SORN identifier:</p>
<p>4. Does the project, program, or system use Social Security Numbers? (SSN)?</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes.</p>
<p>4. (a) If yes, please provide the specific legal basis and purpose for the collection of SSNs:</p>	
<p>4. (b) If yes, please describe the uses of the SSNs within the project, program, or system:</p>	
<p>5. Does this project, program, or system connect, receive, or share PII with any other DHA programs or systems?</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list:</p>
<p>6. Do contractors or other non-government personnel use system data for any of the purposes below: research; tier II and tier III system support; data analysis, report creation, and presentation development; claims processing and administration; utilization review; quality assurance; legal, actuarial, and accounting services; data aggregation, data extraction and other data set manipulation; management, administrative, accreditation, and financial services?</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list:</p>
<p>6. (a) Does this system currently maintain a Data Sharing Agreement (DSA)?</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please provide the DSA number:</p>

