# VA RESEARCH DATA PRIVACY AND SECURITY ASSESSMENT

*Please answer all applicable questions listed below. Every question will not necessarily be applicable to your study. If you believe any question is not applicable, you should still address the question as "N/A". This should be submitted as part of the Initial Review Application as well as the Continuing Review. If this form was previously submitted in its entirety, and no changes have occurred to this information, you can provide a copy of the previously submitted form and write "Previously Submitted" at the top of the form.*

**Title of Study:**

| **Principal Investigator:** | **e-mail:** | **Phone #:** |
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## DATA PRIVACY AND SECURITY

**1.** Identify all data categories with personal identifying information (**PII**) or personal health information (**PHI**) that you will be collecting for this research study.

- ☐ (a) Names
- ☐ (b) Any geographic division smaller than a state
- ☐ (c) Any dates (more precise than year)
- ☐ (d) Telephone numbers
- ☐ (e) Fax numbers
- ☐ (f) Electronic mail addresses
- ☐ (g) Social Security Numbers
- ☐ (h) Medical record numbers
- ☐ (i) Health plan beneficiary numbers
- ☐ (j) Account numbers
- ☐ (k) Certificate/license numbers
- ☐ (l) Vehicle identifiers
- ☐ (m) Device identifiers
- ☐ (n) Web Universal Resource Locators (URL)
- ☐ (o) Internet Protocol (IP) address numbers
- ☐ (p) Biometric identifiers (incl. audio/ video files)
- ☐ (q) Full face photographic images
- ☐ (r) Any other unique identifiers_____

☐ (s) Alcohol abuse treatment  ☐ (t) Drug abuse treatment  ☐ (u) Sickle Cell Anemia  ☐ (v) HIV infection

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**2. Paper Records, On-Site Storage at SFVMC**

Will any paper records with research data be stored at the SFVMC?
☐ Yes  ☐ No  **(If No, skip to #3)**

If Yes, which letter codes from the list in **#1**? ->

List all VA paper records that will be stored at the SFVMC.
->

Location of records: Building #: ->          Room #: ->

Please explain how the records will be kept secure (e.g., locked cabinets, locked room, etc.):
->

Please initial here to verify that VA Research Records will be held in accordance with the VHA's Record Control Schedule 10 (RCS-10):

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**3. Computer Records, On-Site Storage at SFVMC**

Will any computer records with research data be stored at the SFVMC?

☐ Yes  ☐ No  **(If No, skip to #4)**

List all VA research datasets that will be stored at the SFVMC
->

If Yes, which letter codes from the list in **#1?** ->

Please indicate the devices/ media you will use for storage of research data at the VA:

| | |
| --- | --- |
| ☐ VAMC Network Server | ☐ Encrypted VA USB Thumb Drive |
| ☐ Encrypted VA Desktop Computer: bldg/rm: | ☐ Encrypted VA External Hard Drive:  bldg/rm: |
| ☐ Encrypted VA Laptop Computer: bldg/rm: | ☐ Encrypted CDs or DVDs:  bldg/rm: |
| ☐ Encrypted VA Portable Data Assistant | ☐ VA Video Recorder |
| ☐ VA Audio Recorder | ☐ Other (describe) -> |

How will the data be kept secured (encryption, password protected)?

Please initial here to verify that VA Research Records will be held in accordance with the VHA's Record Control Schedule 10 (RCS-10):

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**4. Paper Records, Off-Site Transmission/Storage**

Will any paper records with research data be transmitted or stored outside the SFVMC?

☐ Yes  ☐ No  **(If No, skip to #5)**

If Yes, which letter codes from the list in **#1**? ->

List all VA paper records that will be transmitted outside the SFVMC.
->

Storage location of off-site paper records.
Institution: ->          City: ->          State: ->

Identify the person(s) responsible for maintaining the off-site paper records and their role(s) in the project:
->

Please describe the method of data transfer: ->

Please explain how the paper records will be kept secure (e.g., locked cabinets, locked room, etc.):
->

Please initial here to verify that VA Research Records will be held in accordance with the VHA's Record Control Schedule 10 (RCS-10):

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**5. Computer Records, Off-Site Transmission/Storage**

Will any computer records with research data be transmitted or stored outside the SFVMC?          ☐ Yes
☐ No  **(If No, skip to #6)**

If Yes, which letter codes from the list in **#1?** ->

Please indicate the devices you will use for Transmission/Storage of research data outside the VA:
☐ Network Server                    ☐ USB Thumb Drives
☐ Desktop Computer                  ☐ External Hard Drive
☐ Laptop Computer                   ☐ CDs or DVDs
☐ Portable Data Assistant           ☐ Audio Recorder
☐ Video Recorder                    ☐ Other ->

How will the data be kept secured (encryption, password protected)?
->

Please describe the method of data transfer: ->

Storage Location of off-site computer records.
Institution: ->          City: ->          State: ->

Identify the person(s) responsible for maintaining the off-site computer records and their role(s) in the project:  ->

Please initial here to verify that VA Research Records will be held in accordance with the VHA's Record Control Schedule 10 (RCS-10):

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**CONFIDENTIALITY**

**6.** List all individuals associated with this study who will have access to any PII and/or PHI.

| Name: | e-mail: | Phone #: |
|-------|---------|----------|
| Name: | e-mail: | Phone #: |
| Name: | e-mail: | Phone #: |
| Name: | e-mail: | Phone #: |

**7**. Have all staff that will access and/or work with the data been properly approved and granted appropriate VA status (WOC, IPA, VA employee)? ☐ Yes ☐ No (If No, explain here ->

**8.** Have all staff that will access and/or work with the data had a background check? ☐ Yes ☐ No

**9.** Have all staff that will access and/or work with the data completed all VA and IRB mandatory training?
☐ VHA Privacy Policy Training (HIPAA)          ☐ VA Information Security 201
☐ VA Cyber Security Awareness Training          ☐ Human Subjects Research Training at citiprogram.org

| DATA TRANSFER APPROVALS |
|---|
| **10.** Will all VA sensitive research data be used and stored within the VA?<br>☐ Yes ☐ No **(If Yes, skip remainder of these questions)** |
| **11.** Do you have a Memorandum for Research Data Transfer approved by the VA ISO and VA PO?<br>☐ Yes ☐ In Progress, ☐ N.A.   If Yes, date of approval: -> |
| **12.** Do you have a Research Data Transfer Agreement approved by the VA ISO and VA PO?<br>☐ Yes ☐ In Progress, ☐ N.A.   If Yes, date of approval: -> |
| **13** Will you be contracting with (paying) a 3$^{rd}$ party for data management, analysis, transcription, etc.?<br>☐ Yes ☐ N.A  If Yes, describe: -> |

## PRINCIPAL INVESTIGATOR ENDORSEMENT

*I addressed all questions as honestly and as completely as possible.*

**Signature of Principal Investigator:** _____  **Date:** _____