



**Department of Energy**  
Washington, DC 20585

March 20, 2009

**FORMER WORKER MEDICAL SCREENING PROGRAM POINTS OF CONTACT**

**SUBJECT: Transmittal of Personal Identifiable Information**

Effective immediately, the Department of Energy's (DOE) Office of Health, Safety and Security (HSS) is imposing the following requirements for transmitting personal identifiable information (PII) as defined in DOE Order 206.1 (enclosure 1) in support of the Former Worker Medical Screening Program (FWP). These requirements ensure that the transmission of PII within FWP is in accordance with DOE policies, Office of Management and Budget guidance, Federal Information Processing Standards (FIPS), and the Health Insurance Portability and Accountability Act (HIPAA) rules.

Recognizing that we must continue to provide critical information in support of FWP, we have assessed the risk and determined that transmission of program material with PII is required to be performed according to the guidance in this letter.

**Instructions for Transmission of PII Data by Mail**

**I. DOE to Cooperative Agreement Holders (CAH), and CAHs to CAHs<sup>1</sup>:**

Hardcopy documents and compact disks (CDs) containing PII may be shipped to CAHs as long as the procedures below are explicitly followed. Note: CDs must be encrypted in accordance with "Instructions for Transmission of PII Data by Electronic Transfer" contained in this letter.

All shipments of hardcopy documents and CDs must be sent via **same day or overnight delivery service**. Additionally, "**Signature Required**" on delivery and package tracking must be specified.

PII material to be transmitted shall be double wrapped (enclosed in opaque inner and outer containers), except as otherwise specified below. All seams of the inner wrapping must be sealed with sturdy packing tape (e.g., brown-sealing paper tape) to aid in preventing undetected, unauthorized access to the contents while in transit. The inner and outer envelopes shall also be sealed and marked with the receiver's and the sender's mailing addresses and the words "TO BE OPENED BY ADDRESSEE ONLY."

<sup>1</sup> For purposes of this guidance, CAHs include CAH program office, CAH local outreach offices, and other organizations in partnership with CAHs.



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If the item is of a size, bulk, weight, or nature, precluding the use of envelopes for packaging, a container of sufficient strength and durability shall be used to protect the item while in transit. The container must be sealed using packaging tape (brown paper tape if necessary).

Packages should not be processed on Fridays or on days preceding a holiday unless prior arrangements have been made with the addressee, and there is a guarantee that the addressee will receive and pick up that package on the next calendar day. Packages should not be sent via 2-day service since this would mean a package would be left in a holding location and would provide more opportunities for packages to be lost or stolen.

Please keep in mind that documents still need to be handled and marked according to the current DOE Manual (M) 471.3-1, "Manual for Identifying and Protecting Official Use Only Information" (enclosure 2). Specifically, chapter 1, section 3 of DOE M 471.3-1 describes the procedure for marking Official Use Only (OUO) documents.

## **2. CAHs to Clinic/Laboratory:**

Laboratory samples and any shipments of hardcopy documents or other information containing PII from CAHs must be sent via **same day or overnight delivery service**. Additionally, "**Signature Required**" on delivery and package tracking must be specified. Laboratory samples must be sent in accordance with established Federal guidelines for bio-related materials.

PII material to be transmitted shall be double wrapped (enclosed in opaque inner and outer containers), except as otherwise specified below. All seams of the inner wrapping must be sealed with sturdy packing tape (e.g., brown-sealing paper tape) to aid in preventing undetected, unauthorized access to the contents while in transit. The inner and outer envelopes shall also be sealed and marked with the receiver's and the sender's mailing addresses and the words "TO BE OPENED BY ADDRESSEE ONLY."

If the item is of a size, bulk, weight, or nature, precluding the use of envelopes for packaging, a container of sufficient strength and durability shall be used to protect the item while in transit. The container must be sealed using packaging tape (brown paper tape if necessary).

Packages should not be processed on Fridays or on days preceding a holiday unless prior arrangements have been made with the addressee, and there is a guarantee that the addressee will receive and pick up that package on the next calendar day. Packages should not be sent via 2-day service since this would mean a package would be left in a holding location and would provide more opportunities for packages to be lost or stolen.

Please keep in mind that documents still need to be handled and **marked** according to the current DOE M 471.3-1. Specifically, chapter 1, section 3 of DOE M 471.3-1 describes the procedure for marking OOU documents.

### **3. Clinic to Laboratory and Laboratory to Clinic**

Hardcopy documents and all other information containing PII (e.g., laboratory samples, chest x-rays (CXR) in hardcopy or CD) are not required to follow the above shipping procedures as long as the clinics and laboratories are protecting the patient information and are in accordance with the Privacy Act of 1974 and HIPAA rules.

### **4. CAHs/Clinic to Participant**

Letters, hardcopy documents, and all other information containing participant PII (e.g., laboratory results, CXRs in hardcopy or CD) are not required to follow the above shipping procedures as long as CAHs and clinics are protecting the patient information and are in accordance with the Privacy Act of 1974 and HIPAA rules.

### **Instructions for Transmission of PII Data by Unencrypted Facsimile**

#### **1. DOE to CAHs, CAHs to CAHs, and CAHs to Clinic/Laboratory**

Documents and information may be sent via unencrypted facsimile as long as the transmission is from one secure business location to another secure business location. For the purpose of this guidance, a secure business location is a medical facility, laboratory, or other institution governed by HIPAA or CAH program office, CAH local outreach office, or other organization in partnership with the CAH conducting official business for FWP. These locations are obligated to protect the information they receive as required by HIPAA.

Where possible, facsimile transmissions should be encrypted using FIPS 140-2 (enclosure 3) certified methods. If not possible, unencrypted facsimile transmission must be preceded by a telephone call to the recipient so that he or she can control the document when it is received. When the recipient is contacted in advance of transmission, a request should also be made for confirmation of delivery. This confirmation can be via telephone, e-mail, or facsimile as long as PII information is protected appropriately.

Unencrypted facsimiles containing PII information also need to be handled and **marked** according to DOE M 471.3-1. Specifically, chapter 1, section 3 of DOE M 471.3-1 describes the procedure for marking OOU documents.



## **2. Clinic to Laboratory and Laboratory to Clinic**

Documents and information may be sent via unencrypted facsimile as long as the transmission is from one secure business location to another secure business location. For the purpose of this guidance, a secure business location is a medical facility, laboratory, or other institution governed by HIPAA. Information may be sent via unencrypted facsimile as long as the clinics and laboratories are protecting the patient information and are in accordance with the Privacy Act of 1974 and HIPAA rules.

## **3. CAHs/Clinic/Laboratory to Participant**

Documents and information may be sent via unencrypted facsimile as long as the transmission is from one secure business location directly to the individual participant's facsimile and as long as CAHs, clinics, and laboratories are protecting the patient information and are in accordance with the Privacy Act of 1974 and HIPAA rules. Facsimiles should not be sent to other locations, such as a company providing facsimile services to the general public.

### **Instructions for Transmission of PII Data by Electronic Transfer**

#### **1. DOE to CAHs, CAHs to CAHs, and CAHs to Clinic/Laboratory**

PII may be transmitted through electronic communication (e.g., e-mail) and portable media (e.g., CD, thumb drive) if data is encrypted with FIPS 140-2 certified compliant products. Data may be accessed via a secure, encrypted internet connection or through an Electronic Data Interface when the connection uses FIPS 140-2 certified methods.

Passwords must meet the following criteria:

- Minimum of eight (8) alphanumeric characters;
- At least one (1) numeral (number);
- At least one (1) uppercase character;
- At least one (1) lower character; and
- At least one (1) special character (!@#&).

HSS is working to develop an immediate solution for those who do not currently have encryption capability. We plan to provide further guidance as soon as possible.

#### **2. Clinic to Laboratory and Laboratory to Clinic**

PII may be transmitted through electronic communication (e.g., e-mail) and portable media (e.g., CD, thumb drive) as long as the clinics and laboratories are protecting the patient information and are in accordance with the Privacy Act of 1974 and HIPAA rules.

### **3. CAHs/Clinic/Laboratory to Participant**

PII may be transmitted through electronic communication (e.g., e-mail) and portable media (e.g., compact disk, thumb drive) as long as the CAHs, clinics, and laboratories are protecting the patient information and are in accordance with the Privacy Act of 1974 and HIPAA rules.

#### **Instructions for Transmission of PII Data by Hand Delivery**

##### **CAHs to Clinic/Laboratory, Clinic to Laboratory, and Laboratory to Clinic**

Hardcopy documents, portable media (e.g., CD, thumb drive, CXRs, or laboratory samples containing PII) may be transmitted to clinics and laboratories if personally hand delivered by CAH program staff and the data is protected according to HIPAA.

This provision is to allow flexibility for managing the transmission of PII participant information when encryption capabilities are not available and is not intended for transmission of collections of PII on numerous program participants.

#### **Instructions for Transmission of PII Data by Telephone**

##### **DOE to CAHs, CAHs to CAHs, CAHs to Clinic/Laboratory, Clinic to Laboratory, Laboratory to Clinic, and CAHs/Clinic/Laboratory to Participant**

Transmission of PII through telephone communications is acceptable subject to customary privacy considerations.

#### **Reporting of Loss or Potential Loss of PII**

Upon a finding of a suspected or confirmed loss involving PII in printed or electronic form, DOE employees and contractors, which include CAHs, must **immediately**, irrespective of day or time, report the incident directly to the DOE-Cyber Incident Response Capability at 1-866-941-2472 (doecirc@doecirc.energy.gov) according to cyber incident reporting processes stated in DOE M 205.1-8 (enclosure 4). Additionally, the HSS FWP Program Manager (301-903-1613) or HSS Director of Information Management (301-903-7325) must be notified.

Types of breaches that must be reported include, but are not limited to, the following:

1. Loss of control of DOE employee information consisting of names and Social Security numbers;
2. Loss of control of PII pertaining to the public and associated with FWP;
3. Incorrect delivery of PII; and
4. Theft of PII.

If you have any questions, comments, or recommendations regarding these requirements, please contact Ms. Regina G. Cano, Director, Office of Former Worker Screening Programs, at (202) 586-2407.

Sincerely,



Patricia R. Worthington, PhD  
Director  
Office of Health and Safety  
Office of Health, Safety and Security

Enclosures