

**Acronyms**

ATO - Authorization to Operate  
 CAC - Common Access Card  
 FISMA - Federal Information Security Management Act  
 ISA - Information Sharing Agreement  
 HHS - Department of Health and Human Services  
 MOU - Memorandum of Understanding  
 NARA - National Archives and Record Administration  
 OMB - Office of Management and Budget  
 PIA - Privacy Impact Assessment  
 PII - Personally Identifiable Information  
 POC - Point of Contact  
 PTA - Privacy Threshold Assessment  
 SORN - System of Records Notice  
 SSN - Social Security Number  
 URL - Uniform Resource Locator

**General Information**

<b>Status:</b>	Approved	<b>PIA ID:</b>	1458251
<b>PIA Name:</b>	OS - ARPRM - QTR2 - 2022 - OS1211760	<b>Title:</b>	OS - Annual Report on Possible Research Misconduct System
<b>OpDiv:</b>	OS		

**PTA**

<b>PTA - 1A:</b>	Identify the Enterprise Performance Lifecycle Phase of the system	Operations and Maintenance
<b>PTA - 1B:</b>	Is this a FISMA-Reportable system?	Yes
<b>PTA - 2:</b>	Does the system include a website or online application?	Yes

**URL Details**

Type of URL	List Of URL
Other	<a href="https://ori.hhs.gov/arprm/Login.php">https://ori.hhs.gov/arprm/Login.php</a>
Publicly accessible website with log in	<a href="https://ori.hhs.gov/arprm/Login.php">https://ori.hhs.gov/arprm/Login.php</a>

<b>PTA - 3:</b>	Is the system or electronic collection, agency or contractor operated?	Contractor
<b>PTA - 3A:</b>	Is the data contained in the system owned by the agency or contractor?	Agency
<b>PTA - 5:</b>	Does the system have or is it covered by a Security Authorization to Operate (ATO)?	Yes
<b>PTA - 5A:</b>	If yes, Date of Authorization	12/16/2021
<b>PTA - 6:</b>	Indicate the following reason(s) for this PTA. Choose from the following options.	PIA Validation (PIA Refresh)
<b>PTA - 7:</b>	Describe in further detail any changes to the system that have occurred since the last PIA	No change
<b>PTA - 8:</b>	Please give a brief overview and purpose of the system by describing what the functions of the system are and how the system carries out those functions?	The Annual Report on Possible Resource Misconduct System (ARPRM) is a mandatory report, which is completed by all institutions that receive research funding from the U.S. Department of Health & Human Service (HHS).
<b>PTA - 9:</b>	List and/or describe all the types of information that are collected (into), maintained, and/or shared in the system regardless of	Reports contain the institution name, Institution's address, institution representative

whether that information is PII and how long that information is stored.

officials' titles, names and their official contact information such as email addresses and phone numbers, and statistical data such as number of allegations received that is broken out into one of three categories: fabrication, falsification, or plagiarism.

The Office of Research Integrity (ORI) analyzes this data, aggregates it, and makes a public annual report to show a summary of statistical data and accomplishments.

The personal identifiable information (PII) that the system collects are limited to contact information of the person who sends the report and the Research Integrity Officer (RIO) and Responsible Conduct of Research (RCR) Coordinator. RIO and RCR contacts are used by ORI staff for investigation and outreach purposes. The PII that is collected includes officials' titles, names and their official contact information such as email addresses and phone numbers.

PII is also limited to login credentials of the internal users, such as user name, password, and email address, so system can authenticate employees and direct contractors of ORI to access the system. No other PII is collected on internal user accounts.

Based on NARA record management regulation and ORI record schedule, the information is stored for 5 years after the institution has been deactivated.

**PTA -9A:** Are user credentials used to access the system?

Yes

**PTA -9B:** Please identify the type of user credentials used to access the system.

HHS User Credentials

HHS Password

HHS Username

Non-HHS User Credentials

Email address

Password

Username

**PTA -10:** Describe why all types of information is collected (into), maintained, and/or shared with another system. This description should specify what information is collected about each category of individual

Federal regulations require institutions receiving federal grants from HHS to report allegations of misconduct to HHS Office of Research Integrity

(ORI). The ARPRM system permits grantees of the National Institutes of Health (NIH) and the Public Health Service (PHS) to make these reports directly as opposed to mailing or fax in the reports in paper format which would create the burden of data entry. This reporting system is essential for the over 6000 institutions that receive federal research funding from HHS, and which are mandated to complete this report annually between January and April. Failing to make this report will result in withholding funds until the report is made.

Further details on individual allegations are not recorded by the system. Reports do not reflect the names of the parties making the allegations, nor those against whom allegations are made. The information being collected includes the person's name who submitted the report, case numbers, type of misconducts in allegations, officials' titles, names and their official contact information such as email addresses and phone numbers. While the ORI does work directly with institutions to advise them how such allegations should be handled, this is not done through the ARPRM, but other business processes.

The contact information collected from the annual report are used for administrative purposes such as addressing allegations of research misconduct that meet the requirements, and or provide guidance on submitting annual report and policies in general. These contact information are necessary for ORI to establish communication with the proper representatives of the institutions.

The ARPRM system maintains internal user account information so employees and direct contractors of ORI can access the system, with proper role and permissions, to perform functions related to assurance program such as validating submissions of annual reports and policy review. The internal user (employees and direct contractors) account information/credentials are stored on the system which consist of only user name, password, role, and email address. No other PII is collected for the internal user accounts.

The ARPRM system also maintains institution user information which includes name, job title, mailing address, phone number, and email address. Institution users can only access their own contact information so they can update the contact information if changed.

The ARPRM internal users (employees and direct contractors) can access all institution's contact information so ORI can reach out to the appropriate institution representatives regarding matters in research integrity and possible misconduct.

The personal identifiable information (PII) that the system has collected is limited to contact information of the person who sends the report and the Research Integrity Officer (RIO) and Responsible Conduct of Research (RCR)

Coordinator. RIO and RCR contacts are used by ORI staff for investigation and outreach purposes. The PII that is collected includes officials' titles, names and their official contact information such as email addresses and phone numbers.

<b>PTA - 10A:</b>	Are records in the system retrieved by one or more PII data elements?	Yes
<b>PTA - 10B:</b>	Please specify which PII data elements are used.	Institution Official names, titles, email address and phone number
<b>PTA - 11:</b>	Does the system collect, maintain, use or share PII?	Yes
<b>PIA</b>		
<b>PIA - 1:</b>	Indicate the type of PII that the system will collect or maintain	Name E-Mail Address Phone numbers Mailing Address User Credentials Others - Title, Institution Name
<b>PIA - 2:</b>	Indicate the categories of individuals about whom PII is collected, maintained or shared	Business Partners/Contacts (Federal, state, local agencies) Employees/ HHS Direct Contractors Public Citizens
<b>PIA - 3:</b>	Indicate the approximate number of individuals whose PII is maintained in the system	Above 2000
<b>PIA - 4:</b>	For what primary purpose is the PII used?	PII is limited to contact information of the person who sends the report and the Office of Research Integrity (ORI) employees and direct contractors. ORI employees and direct contractors can access all institution's contact information so ORI can reach out to the appropriate institution representatives regarding matters in research integrity and possible misconduct.
<b>PIA - 5:</b>	Describe any secondary uses for which the PII will be used (e.g. testing, training or research)	The Office of Research Integrity uses this PII as point of contact for research to identify scientific publications that are impacted by possible research misconducts.
<b>PIA - 7:</b>	Identify legal authorities, governing information use and disclosure specific to the system and program	ORI gets its statutory authority from 42 U.S.C. 289b. This activity is mandated by Section (b),

which requires that 'the Secretary [of HHS] shall by regulation require that each entity that applies for financial assistance under this chapter for any project or program that involves the conduct of biomedical or behavioral research submit in or with its application for such assistance (1) assurances satisfactory to the Secretary that such entity has established and has in effect (in accordance with regulations which the Secretary shall prescribe) an administrative process to review reports of research misconduct in connection with biomedical and behavioral research conducted at or sponsored by such entity (2) an agreement that the entity will report to the Director any investigation of alleged research misconduct in connection with projects for which funds have been made available under this chapter that appears substantial....' Regulations concerning this activity can be found at 42 CFR Part 93.

<b>PIA - 8:</b>	Provide the number, title, and URL of the Privacy Act System of Records Notice (SORN) that is being used to cover the system or indicate whether a new or revised SORN is in development.	09-37-0021Rcrds R/t Misconduct Proceedings
<b>PIA - 9:</b>	Identify the sources of PII in the system	<p>Directly from an individual about whom the information pertains</p> <ul style="list-style-type: none"> <li>Hard Copy Mail/Fax</li> <li>Email</li> <li>Online</li> </ul> <p>Government Sources</p> <ul style="list-style-type: none"> <li>Within the OPDIV</li> <li>Other HHS OPDIV</li> </ul> <p>Non-Government Sources</p> <ul style="list-style-type: none"> <li>Members of the Public</li> </ul>
<b>PIA - 9A:</b>	Identify the OMB information collection approval number or explain why it is not applicable.	Annual report form PHS-6349 OMB No. 0937-0198
<b>PIA - 9B:</b>	Identify the OMB information collection expiration date.	8/31/2023
<b>PIA - 10:</b>	Is the PII shared with other organizations outside the system's Operating Division?	No
<b>PIA - 11:</b>	Describe the process in place to notify individuals that their personal information will be collected. If no prior notice is given, explain the reason	Not necessary as the only PII collected is from the person filing the report.
<b>PIA - 12:</b>	Is the submission of PII by individuals voluntary or mandatory?	Voluntary
<b>PIA - 13:</b>	Describe the method for individuals to opt-out of the collection or use of their PII. If there is no option to object to the information collection, provide a reason	Individuals consent in the course of supplying the information directly. No individual is required to submit PII, but the institution is required to identify

		<p>an individual willing to be identified as a point of contact responsible for handling allegations of research misconduct (a Research Integrity Officer (RIO)) and for fostering a research environment that promotes the responsible conduct of research (a Responsible Conduct of Research (RCR) Coordinator).</p> <p>In order to comply with 42 C.F.R. Part 93 to receive Public Health Service (PHS) funding, there is no option to object to the information collection. These contact information of RIO and RCR coordinator are necessary for ORI to establish communication with the proper representatives of the institutions that fulfills the regulatory requirements.</p>
<b>PIA - 14:</b>	Describe the process to notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of original collection). Alternatively, describe why they cannot be notified or have their consent obtained	<p>No major changes affecting the rights or interests of the individual are anticipated. If necessary, the individual could be contacted using the information submitted with the annual report.</p> <p>The institution may supply the name of any willing individual to serve as point of contact.</p>
<b>PIA - 15:</b>	Describe the process in place to resolve an individual's concerns when they believe their PII has been inappropriately obtained, used, or disclosed, or that the PII is inaccurate. If no process exists, explain why not	All the PII are submitted by the institution as points of contact when they submit the annual report. If an individual has concern about their PII was inappropriately obtained, used, or disclosed by using The Annual Report on Possible Resource Misconduct System (ARPRM), the individual may contact ORI via email or phone number displayed on the system.
<b>PIA - 16:</b>	Describe the process in place for periodic reviews of PII contained in the system to ensure the data's integrity, availability, accuracy and relevancy. Please address each element in your response. If no processes are in place, explain why not	Institution records are periodically reviewed and inactive records are deactivated. A user account is deactivated/deleted upon separation of his/her role to the system. Database schema is modeled with mandatory constraints to ensure data integrity, availability, accuracy and relevancy.
<b>PIA - 17:</b>	Identify who will have access to the PII in the system and the reason why they require access	<p>Users</p> <p>Administrators</p> <p>Developers</p> <p>Contractors</p>
<b>PIA - 17A:</b>	Provide the reason of access for each of the groups identified in PIA-17	
	1) Institution users, who will submit annual reports and maintain institution information. ORI staff users, who will review the reports and policy files submitted by the institutions. 2) The Administrators manage the system configuration and user accounts; 3) The Developers maintain the system and provide IT support on database enhancement. 4) The contractor analyze reports and provides subject matter expertise in regulatory compliance.	
<b>PIA - 17B:</b>	Select the type of contractor	HHS/OpDiv Direct Contractor
<b>PIA - 18:</b>	Describe the administrative procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII	1) Institution users can only access their own PII information that they had voluntarily provided and maintained in the system. ORI staff users, such

		<p>as annual report reviewers would have access to PII to perform their jobs.</p> <p>2) The system administrator or co-admin are assigned to designated ORI staff in order to administer user accounts.</p> <p>3) The Developers may be granted temporary access to records with PII only when debugging or testing are needed for system upgrades or enhancements</p> <p>4) Subject matter experts or contractors are administered to access PII in order to analyze reports and perform compliance review.</p>
<p><b>PIA - 19:</b></p>	<p>Describe the technical methods in place to allow those with access to PII to only access the minimum amount of information necessary to perform their job</p>	<p>Roles and responsibilities are defined within ORI. Depending on the roles and permissions of the internal users, different type of access to PII can be controlled, such as read-only access, reports generation, and communicating with institutions.</p> <p>Based on the conditions of the established roles as mentioned in the previous question, access are provided by creations of user accounts.</p>
<p><b>PIA - 20:</b></p>	<p>Identify training and awareness provided to personnel (system owners, managers, operators, contractors and/or program managers) using the system to make them aware of their responsibilities for protecting the information being collected and maintained</p>	<p>All ORI personnel and contractors are required to complete the mandatory annual record management training, security and privacy awareness trainings.</p>
<p><b>PIA - 21:</b></p>	<p>Describe training system users receive (above and beyond general security and privacy awareness training).</p>	<p>Users who are granted access to the system will also receive the system specific training for best practices of handling the collected information. The system administrator or ORI's IT Specialist received GIAC security essentials training and certification.</p>
<p><b>PIA - 23:</b></p>	<p>Describe the process and guidelines in place with regard to the retention and destruction of PII. Cite specific NARA records retention schedule(s) and include the retention period(s)</p>	<p>ORI has established retention schedule pertaining to this system as the following: (N1-514-93-1)</p> <p>Assurance Program Records:</p> <p>2.1 Initial Assurance Regarding Procedures for Dealing with and Reporting Possible Misconduct in Science Form (PHS 6315) Disposition Authority Number: DAA-0514-2020-0001-0004 Cutoff at the end of the calendar year in which the form is submitted. Destroy 3 years after cutoff.</p> <p>2.2 The Annual Report on Possible Research Misconduct Form (PHS 6349) Disposition Authority Number: DAA-0514-2020-0001-0005 Cut-off at close of the calendar year of last agency action. Destroy 5 years after cutoff.</p>
<p><b>PIA - 24:</b></p>	<p>Describe how the PII will be secured in the system using administrative, technical, and physical controls. Please address each element in your response</p>	<p>The following administrative, technical, and physical controls are in place for ARPRM:</p> <p>Administrative Controls: Certification and</p>



Accreditation System security plan Contingency (or backup) plan User manuals Security Awareness Training Access control policy

Technical:  
 Access Enforcement Use of External Information Systems Publicly Accessible Content. Authenticator Feedback Identifier Management Cryptographic key establishment and management

Operational:  
 Configuration Management Plan (CMP) Information System Monitoring Media storage, Media Sensitization Unauthorized software backlisting Error Handling Baseline Configuration Role-based Security Training Security Impact Analysis

Management:  
 Security Assessment System Interconnections Restriction on External Systems Connections Continuous Monitoring

<b>PIA - 25:</b>	Describe the purpose of the web site, who has access to it, and how users access the web site (via public URL, log in, etc.). Please address each element in your response	<p>The purpose of the website is to provide institutions to submit their annual report on possible research misconduct. These institutions are required to establish an administrative process for reporting and investigating instances of alleged or apparent misconduct when such research involves PHS funding.</p> <p>The website is consist of a public facing website, which provides information about ORI; and ARPRM for institution users to submit misconduct reports;. Only permitted users have access to the system. The ORI staff users are consist of 1) the ARPRM specialist, who manages assurance data and user accounts; 2) ORI staff users, which includes policy reviewers, investigators and compliance officer.</p> <p>Users can only access the website via a browser with login credentials.</p>
<b>PIA - 26:</b>	Does the website have a posted privacy notice?	Yes
<b>PIA - 27:</b>	Does the website use web measurement and customization technology?	Yes
<b>PIA - 27A:</b>	Select the type of website measurement and customization technologies is in use and if it is used to collect PII	Session Cookies - Collect PII
<b>PIA - 28:</b>	Does the website have any information or pages directed at children under the age of thirteen?	No
<b>PIA - 29:</b>	Does the website contain links to non-federal government websites external to HHS?	No