

# PHASE 1 -- IDENTIFICATION OF PRIVACY REQUIREMENTS BY COMPONENT AND HCFA BUSINESS FUNCTION

## I. COMPONENT AND FUNCTION AREA

A privacy assessment should be conducted by each HCFA component for each business function it carries out. This assessment is for the following component and business function:

<p><b>HCFA Component/Group:</b></p> <p><b>Functional Area:</b></p> <p><b>Function:</b></p>
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## II. PRIVACY REQUIREMENTS WITHIN COMPONENT FUNCTION AREAS

**Think about the activities that are performed in carrying out each business function, especially those involved in either the collection, use, or disclosure of individually identifiable information.**

**Think also, as a component, about the activities (oversight, policy, instructions, etc.) of the Medicare contractors, plans, and providers, states, PROs, etc.**

Please identify each privacy requirement that affects the component=s activities within the business function. For each privacy requirement identified, provide a brief description of how the requirement affects the component=s activities, the chief group(s)/division(s) involved in the activity, and the staff contact for the activity. Please indicate whether the component maintains systems of records related to the activity.

**Privacy Requirement #1 (PA or HP )**

**Description of Activities:**

**Description of System of Records:**

**Group(s)/Division(s) Involved and Staff Contact:**

**Privacy Requirement #2 (PA or HP ):**

**Description of Activities:**

**Description of System of Records:**

**Group(s)/Division(s) Involved and Staff Contact:**