



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION NEW RIVER
PSC BOX 21001
JACKSONVILLE, NC 28545-1001

ASO 5211.1C

ADJ

NOV 25 2020

AIR STATION ORDER 5211.1C

From: Commanding Officer, Marine Corps Air Station New River
To: Distribution List

Subj: PRIVACY ACT

Ref: (a) 5 USC 552a (PL 93-579)
(b) SECNAVINST 5211.5F
(c) SECNAVINST 5720.42G
(d) SECNAV M-5210.1 CH 1
(e) MCIEAST-MCB CAMLEJO 5211.6B

Encl: (1) MCAS New River Freedom of Information Act/Privacy Act
and Routine Use Request Form
(2) Record of Disclosure/Consent Authorization Form
(3) Disclosure Accounting Form
(4) PA Self-Assessment Form
(5) Department of the Navy Loss or Compromise of
Personally Identifiable Information After Action
Reporting Form

1. Situation. Pursuant to the references, this Order provides policy and procedural guidance to ensure individuals are aware of their rights and responsibilities under the provisions of reference (a), and to implement privacy management practices that balance the need to maintain information with the obligation to protect individuals against unwarranted invasions of their privacy.

2. Cancellation. ASO 5211.1B.

3. Mission. To publish the policies and procedures governing the collection, safeguarding, maintenance, public notice, use, access, amendment, and dissemination of personal information in systems of records (SORs) maintained by Marine Corps Air Station (MCAS) New River.

4. Execution

a. Commander's Intent and Concept of Operations

DISTRIBUTION STATEMENT A: Approved for public release;
distribution is unlimited.

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(1) Commander's Intent. This Order shall ensure all New River and tenant command personnel are aware of their rights and responsibilities under the Privacy Act of 1974. The installation shall safeguard and govern the dissemination of all personal information.

(2) Concept of Operations

(a) All MCAS New River personnel shall comply fully with the purposes and requirements of the references. Only such information as is reasonably necessary to accomplish the mission required by higher authority will be kept on any individual. Consideration must be given to the length of time such information is needed. Disposition instructions must be provided for any records collected and maintained which contain any personally identifiable information. Reference (d) provides appropriate instructions for retention and disposal of records.

(b) Access to Records

1. References (a) and (b) provide that individuals must be allowed access to records about themselves, except where specific exemption has been approved by the Secretary of the Navy (SECNAV). Persons seeking access to records about themselves may inspect the record, copy it or be furnished a copy and may request correction of the record when it is in error. In addition, they may designate another person to accompany them to review their record in the accompanying person's presence. Extreme care must be taken so that another individual's record is not inadvertently disclosed.

2. To protect the personal privacy of other individuals who may be identified in a record, an extract shall be prepared deleting that information pertaining to another individual and any other information not releasable under reference (c) or that information which is exempt under the Privacy Act. Military personnel who fall under MCAS New River are encouraged to periodically review their Official Military Personnel File and Service Record Book/Officer Qualification Record via Marine OnLine to ensure that they are aware of what their record contains and make any necessary corrections.

3. All other requests, must be completed in writing using enclosure (1) through the Privacy Act Manager. Requests must be addressed to Commanding Officer Marine Corps Air Station New River, Attn: Privacy Act Manager, PSC Box

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21001, Jacksonville, NC 28545-1001. The requestor must provide sufficient information as to the identity of the requestor and the individual with whom the information is requested and should be specific about the record from which the information is requested; so it can be clearly identified within a SOR. Blanket requests for "all information on an individual" will not be honored. Requests for access will be acknowledged within 10 working days of receipt and access provided within 30 days. Once access is approved, the record shall be furnished in a form which is comprehensible to the individual.

b. Tasks

(1) Privacy Act Manager. The Commanding Officer (CO), MCAS New River has designated in writing, a Privacy Act (PA) Manager as the Command PA Manager for MCAS New River. The Command PA Manager shall serve as the principal point of contact on PA matters.

(2) CO Headquarters and Headquarters Squadron and MCAS New River Department Heads. Appoint, in writing, a PA Manager to maintain oversight of their program in their respective area.

(3) PA Managers

(a) Use enclosure (1) for all PA requests, and maintain accountability using enclosure (2).

(b) Perform unannounced self-assessments using enclosure (4) to identify strengths and weaknesses in order to determine the training needs of personnel who work with privacy records/information, per reference (c). Maintenance and verification of the assessments is required.

(c) Review all internal directives, procedures, internal controls, and forms for privacy implications.

(d) Ensure records are kept in accordance with retention and disposal instructions set forth in reference (b).

(e) Report any suspected loss or compromise of personal data from a SOR to the Command PA Program Manager.

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c. Coordinating Instructions(1) Training

(a) All personnel whose duties include designing, developing, maintaining custody, and use of a SOR affected by the PA shall be educated and trained in the provisions of the references, and this Order.

(b) Reference (b) provides information on Department of the Navy training programs and resources. Additional training resources can be found at the Marine Corps Installations East-Marine Corps Base, Camp Lejeune PA Program website: <https://www.mcieast.marines.mil/Staff-Offices/Adjutant/Privacy-Act-Program/> and <http://www.doncio.navy.mil/TagResults.aspx?ID=36>.

(2) Correction of Records. Individuals have a right to request amendment to their record if they believe the information to be in error. This must be done in writing with proper justification being provided showing the record to be in error. The Systems Manager does not have to agree, however, should correction of the record be denied, the decision is subject to appeal. Further information on the procedures in this regard is provided by reference (b).

(3) Breach Reporting. A violation of this Order is punishable in accordance with the Uniform Code of Military Justice (UCMJ) for military personnel and is the basis for appropriate disciplinary procedures with respect to civilian employees. Breach reports are required following evidence of an actual or possible loss of control, unauthorized access of personal information to such information for any other than authorized purpose where individuals could be adversely affected. Enclosure (5) provides clarification on actions that should be taken in the event a breach occurs. After action steps are outlined in enclosure (6).

(4) Violations. A violation of this Order is punishable in accordance with the UCMJ for military personnel and is the basis for appropriate disciplinary procedures with respect to civilian employees.

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5. Administration and Logistics. This Order can be accessed via the MCAS New River Adjutant SharePoint site:
<https://eis.usmc.mil/sites/nrvr/Adjutant/Orders%20Policies%20Bulletins%20Templates/Forms/Department%20View.aspx>.

6. Command and Signal

- a. Command. This Order is applicable to MCAS New River.
- b. Signal. This Order is effective the date signed.


C. V. ERTZ

DISTRIBUTION: B

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MCIEAST-MCB CAMLEJO 5720.1

Reporting Requirements: DD-5720-25

MCIEAST-MCB CAMLEJ**FREEDOM OF INFORMATION ACT/PRIVACY ACT REQUEST FORM****PRIVACY ACT STATEMENT**

Information contained on this form is maintained under the Systems of Records Notice NM05720-1 FOIA Request/Appeal Files and Tracking System (April 2, 2008, 73 FR 17961) 5 U.S.C. 552, the Freedom of Information Act, as amended. **AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; E.O. 9397 (SSN); and Secretary of the Navy Instruction 5720.42F, Department of the Navy Freedom of Information Act Program. **PRINCIPLE:** Individuals who request access to information under the provisions of the Freedom of Information Act (FOIA) or make an appeal under the FOIA. **PURPOSE:** To track, process, and coordinate individual requests for access and amendment of personal records; to process appeals on denials of requests for access or amendment to personal records; to compile information for reports, and to ensure timely response to requesters. **ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE: MANDATORY** for computer matching.

MAILING ADDRESS:

Commanding General

Attn: G-1 (FOIA Coordinator)

Marine Corps Installations East-Marine Corps Base Camp Lejeune

PSC Box 20005

Camp Lejeune, NC 28542-0005

You may return this request by faxing it back at (910) 451-1265 or
e-mail to FOIA.MCIEAST@usmc.mil

For more information please visit:

FOIA Service Center

Date REQUESTER completed this form: _____

Date Received: _____

MCIEAST-MCB CAMLEJ20 _____

FREEDOM OF INFORMATION ACT (FOIA)

- ☐ Police reports (On other parties), Command
Investigations, Command Records (Not
individual based), video viewing

PRIVACY ACT (PA)

- ☐ Personal information directly about
the individual, SRB, OPM, Military
Police records (on Self)

ROUTINE USE: OFFICIAL USE ONLY

Federal, State and local agency for
civil or criminal or for hiring, retention, Insurance
Company, accident report, security clearance and
contract

I am willing to pay the fees above \$15.00 for the processing of my request in the amount of: (if required) _____

Case Information: (Print or type clearly)

Information requested:

(Describe information requested and where to locate the information)

PMO Records Indicate:

- ☐ CLEOC (Electronic Report) ☐ All Documents

Requester or Client's Name if other than requester): _____

SSN: (required for search) _____

Names of all persons involved: (if known) _____

Date of incident (DD MMM YY): _____

Location of Incident: _____

Requester Contact Information: (Print or type clearly)

Rank: _____

Name: _____

Unit/Organization: _____

Mailing Address: (Required for processing) _____

City: _____

State: _____

Zip Code: _____

Do you want to pick up the report or have it mailed to you? ☐ PICK UP ☐ MAILED ☐ E-MAIL _____

Not an Official Government e-mail address

(Requester's Name (PRINT) _____

(Phone Number) _____

(Signature of Requester or agent)

(Signature required for processing)

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct".

PLEASE NOTE: This office has **twenty (20) working days** in which to provide a response to a FOIA Request.

Depending on current workloads, information requested, dates and/or accidents etc...the response time may vary.

Submit by Email

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RECORD OF DISCLOSURE/CONSENT AUTHORIZATION FORM**PRIVACY ACT STATEMENT**

Information contained on this form is maintained under the Systems of Records Notice NM05211-1 Privacy Act Request/Amendment Files and Tracking System (April 2, 2008, 73 FR 17959), and for official use only. **AUTHORITY** 10 U.S.C. 5013 and E.O. 9397, this form is for official use only. The **PURPOSE** of this form is to track, process, and coordinate individual requests for access and amendment of personal records; to process appeals on denials of requests for access or amendment to personal records; to compile information for reports, and to ensure timely response to requesters. A record from a system or records maintained by the DoD component may be disclosed as a **ROUTINE USE** to a federal, state, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component for a decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, the reporting of an investigation of an employee, or the issuance of a license, grant, or other benefit. **DISCLOSURE** is **MANDATORY**.

1. IDENTIFYING INFORMATION ON SUBJECT

- a. Name of Individual: _____
- b. Grade/Rank: (Enter if not USMC) _____ c. Title: _____
- d. Individual's Social Security Number (999999999): _____

2. PERTINENT DATA TO WHOM DISCLOSURE WAS MADE

- a. Date of Disclosure (DD MMM YYYY): _____
- b. Nature and Purpose of Disclosure: _____

- c. Name of Person to Whom Disclosure Made: _____
- d. Address: _____ Phone Number: _____
- e. Office to Which Disclosure was Made: _____

3. INFORMATION ON PERSON MAKING DISCLOSURE

- a. Name of Individual: _____
- b. Grade/Rank: (Enter if not USMC) _____
- c. Office or Title: _____
- d. Duty Station Address: _____

I HEREBY AUTHORIZE THE MARINE CORPS TO VERIFY MY SOCIAL SECURITY NUMBER AND TO DISCLOSE MY INFORMATION FOR OFFICIAL USE ONLY. UNLESS SPECIFICALLY OTHERWISE AUTHORIZED BY MYSELF.

Signature of Individual: _____ Date (DD MMM YYYY): _____

RECORD OF DISCLOSURE

1. This is to remain a permanent part of the record described below.
2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, except:
 - a. Disclosure to DOD or DON personnel having a need to know in the performance of their official duties.
 - b. Disclosure of items listed in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.5 series.

[illegible]

[illegible]

PA SELF-ASSESSMENT FORM

SECTION: _____ DATE: _____

This form is an internal document and is to be used by command leadership to assess the level of compliance in the handling of Personally Identifiable Information (PII) as delineated by law and or specific DoD/DON policy guidance. Some self-assessment items may not apply to your specific command. Where deficiencies are noted, the command should take immediate corrective action. For additional guidance and information go to the the DON Privacy website at DONCIO.navy.mil or contact DNS-36 Privacy Act Officer at (202) 685-6546 or DON CIO Privacy Office at (703) 602-4412. This Self-Assessment form is an auditable record and should be kept on file for two years.

ADMINISTRATIVE

1. The name of your Privacy Act Manager is: _____

2. The name of the individual assigned to conduct this self-assessment is: _____

3. The command/department Privacy Act Manager has been identified in writing with clear roles and responsibilities identified.

☐ YES ☐ NO Who: _____

Reference: SECNAVINST 5211.5 E.7.h.--pg. 13

4. The command/department has an implementing Privacy Act instruction.

☐ YES ☐ NO Guidance Followed: _____

Reference: SECNAVINST 5211.5 E.7.h.--pg. 13

5. Are Privacy Act System of Records Managers knowledgeable of DON Privacy Act policy and procedures posted on DON website?

☐ YES ☐ NO How often is website viewed? _____

Reference: SECNAVINST 5211.5E 7.D. (3)-pg 11

6. Does command/department annually review the SORN listing?

☐ YES ☐ NO Date reviewed: _____

Reference: SECNAVINST 5211.5E 7.M (5)-pg17

7. Has the command/department disseminated guidance to its personnel on how to properly mark email, messages, letters, etc., that contain privacy act information prior to transmission?

☐ YES ☐ NO Method: _____

Reference: SECNAVINST 5211.5 E. 7.I(5)-pg.15

8. Are Privacy Act System of Records Managers trained on their responsibilities for protecting Privacy Act information being collected?

☐ YES ☐ NO Method? How often? _____

Reference: SECNAVINST 5211.5 E. 7.H.(5)-pg13

9. Has the command taken action to eliminate or reduce the need for the use of SSN's?

☐ YES ☐ NO What action: _____

Reference: SECNAVINST 5211.5 E 9.C.(6) - pg. 22

PAPER RECORDS

10. Does office use cross cut shredders that make documents unrecognizable?

☐ YES ☐ NO Type of Shredder: _____

Reference: SECNAVINST 5211.5E 8(b) - pg. 19

11. If command/department does not shred all documents containing privacy act information before being placed in a recycle container at random, spot check 10% of recycle containers within your organization to ensure that no privacy act information has been placed inside, awaiting disposal.

Number of containers checked: _____ Number of containers containing privacy information: _____ Method Used: _____

Reference: SECNAVINST 5211.5E 8.b(1) through (3) - pg.19

12. Do all forms that collect privacy act information directly from the individual contain a Privacy Act Statement?

☐ YES ☐ NO Forms Manager: _____

Reference: SECNAVINST 5211.5 E. 9.d.(1) - pg. 23

13. Does the command/department ensure that paper records are maintained in accordance with the disposition manual?

☐ YES ☐ NO Disposition: _____

Reference: SECNAVINST 5211.5 E 7.M.(14) - pg. 17

14. Does each unit Privacy Act System of Records Manager ensure files are not maintained illegally?

☐ YES ☐ NO How? _____

Reference: SECNAVINST 5211.5 E 7.M.(4) - pg 16

15. Does the department Privacy Act Manager maintain liaison with records management officials?

☐ YES ☐ NO Records Manager: _____

Reference: SECNAVINST 5211.5E 7.H.(9) - pg. 14

16. Do Privacy Act System of Records Managers ensure that all contractor personnel granted access to data maintained within his/her System of Records collection are properly trained and routinely inspected for Privacy Act compliance?

Records Manager: _____

Reference: SECNAVINST 5211.5E 7.M.(16)

17. Are Privacy Act System of Records Manager aware that there are regulations to be followed when making a disclosure and know where to find instructions for processing a request for disclosure?

Guidance followed: _____

Reference: SECNAVINST 5211.5E 8.A, 10, 13 pgs. 18, 24, 35

18. For static or electronic bulletin boards that disseminate command information to all hands or to select groups, check for the presence of privacy information. Privacy information should only be available to individuals with a need to know.

Number of boards checked: _____ Number of examples of where privacy information was found: _____

Reference: SECNAVINST 5211.5E 18.D.(6) - pg. 47

19. Does the command have protocols established to ensure privacy information is not inadvertently posted on a public or restricted access website?

☐ YES ☐ NO Who reviews website: _____

Reference: SECNAVINST 5211.5E 7.D.(8) - pg. 11

20. Are command sponsored websites properly registered?

Number of sites: _____ Number properly registered: _____ Share Portal access checked against master list: _____

Reference: SECNAVINST 5211.5E 7.D.(10) - pg. 11

21. Spot check 25% of command websites searching for privacy act information that is available to individuals who do not have a need to know.

Number of sites checked: _____ Number of records with privacy information: _____ Share Portal access checked against master list: _____

22. Is documentation on file certifying all personnel have completed SORN training?

☐ YES ☐ NO How is training completed/tracked? _____

Reference: SECNAVINST 5211.5E 7.M.(3) - pg. 16, 59

23. Copy of SORN accessible for each system utilized by personnel.

☐ YES ☐ NO Location: _____

Reference: SECNAVINST 5211.5E 7.M - pg. 16

24. Is documentation on file certifying all personnel have completed calendar year Privacy Act training?

☐ YES ☐ NO How is training completed/tracked? _____

Reference: SECNAVINST 5211.5E 7.H(6) - pgs. 13, 59

Recommendations, comments or concerns:

DEPARTMENT OF THE NAVY (DON)
LOSS OR COMPROMISE OF PERSONALLY IDENTIFIABLE INFORMATION (PII)
AFTER ACTION REPORTING FORM

This form is intended to provide additional breach information and the status of follow-up actions as information becomes available. It may be used multiple times, as required.

DON CIO Number: _____

Today's Date: _____

(Please provide when available)

PERSON MAKING INITIAL REPORT

1. Command Designated Privacy POC Name: _____

2. POC Title: _____

3. POC Phone Number: _____

4. POC Official E-mail Address: _____

5. Component (BUMED Activities should Select CNO): _____

6. Echelon II/Major Command (if
OTHER selected type response below): _____

If Other, Specify: _____

7. Organization/Branch/Unit Office: _____

ADDITIONAL BREACH INFORMATION AND STATUS OF FOLLOW-UP ACTIONS

8. If it was previously determined that individual notifications were required, provide status of notifications. If not complete, indicate estimated completion date. _____

9. Was credit monitoring directed? _____

☐ Yes

☐ No

10. Provide actions taken to prevent reoccurrence. _____

11. Provide lessons learned. _____

12. If Breach is caused by "Human Error" or "Failure to Follow Policy", select consequence to individual causing breach (if not listed, select OTHER and type response): _____

If Other, Specify: _____

Submit for SECNAV/NAVY Breaches

Submit for MARINE CORPS Breaches

Submit for BUMED Breaches

Submit for CNRFC Breaches