

SPLASH PAGE LANGUAGE

The completion of Veterans Affairs Privacy Impact Assessments (PIAs) is mandated for any rulemaking, program, system, or practice that collects or uses PII under the authority of the E-government Act of 2002 (44 U.S.C. § 208(b)) and VA Directive 6508, Implementation of Privacy Threshold Analysis and Privacy Impact Assessment.

The PIA is designed to identify risk associated with the use of PII by a system, program, project or practice, and to ensure that vital data stewardship issues are addressed for all phases of the System Development Life Cycle (SDLC) of IT systems. It also ensures that privacy protections are built into an IT system during its development cycle. By regularly assessing privacy concerns during the development process, VA ensures that proponents of a program or technology have taken its potential privacy impact into account from the beginning. The PIA also serves to help identify what level of security risk is associated with a program or technology. In turn, this allows the Department to properly manage the security requirements under the Federal Information Security Management Act (FISMA).

VA HANDBOOK 6508: "Implementation of Privacy Threshold Analysis and Privacy Impact Assessment," October 2014, http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=767&FType=2

Please note that the E-government Act of 2002 requires that a PIA be made available to the public. In order to comply with this requirement PIA will be published online for the general public to view. When completing this document please use simple, straight-forward language, avoid overly technical terminology, and write out acronyms the first time you use them to ensure that the document can be read and understood by the general public.



Privacy Impact Assessment for the VA IT System called:

HP Records Manager (HP TRIM) Office of the Medical Inspector

Date PIA submitted for review:

November 17, 2020

System Contacts:

	Name	E-mail	Phone Number
Privacy Officer	Christian Loftus	Christian.Loftus@va.gov	859-281-2470
Information System Security Officer (ISSO)	Kehinde A. Talabi	Kehinde.Talabi@va.gov	202-577-5414
Information System Owner	Elmer Clark	Elmer.Clark2@va.gov	202-815-9508

Abstract

The abstract provides the simplest explanation for “what does the system do?” and will be published online to accompany the PIA link.

HP Records Manager, known as HP TRIM, is a document and records management repository solution to capture, manage, and secure information discovered during an OMI investigation. All documents in HP TRIM are maintained in accordance with VA Records Management guidance and accessible only by OMI staff. In some cases, PII/PHI is included in discovery findings.

Overview

The overview is the most important section of the PIA. A thorough and clear overview gives the reader the appropriate context to understand the responses in the PIA. The overview should contain the following elements:

- *The IT system name and the name of the program office that owns the IT system.*
- *The business purpose of the program, IT system, or technology and how it relates to the program office and agency mission.*
- *The expected number of individuals whose information is stored in the system and a brief description of the typical client or affected individual.*
- *If your system is a regional GSS, Vista, or LAN, include a list of the hospitals/medical centers, or other regional offices that fall under your system. Additionally, what region is the system under?*
- *A general description of the information in the IT system.*
- *Any information sharing conducted by the IT system. A general description of the modules and subsystems, where relevant, and their functions.*
- *Whether the system is operated in more than one site, and if so, a description of how use of the system and PII is maintained consistently in all sites and if the same controls are used across sites.*
- *A citation of the legal authority to operate the IT system.*
- *Whether the completion of this PIA will result in circumstances that require changes to business processes*
- *Whether the completion of this PIA could potentially result in technology changes*
- *If the system is in the process of being modified and a SORN exists, will the SORN require amendment or revision and approval?*
- *Does the system use cloud technology? If so, Does the system have a FedRAMP provisional or agency authorization? If the system does use cloud technology, but does not have FedRAMP authorization, explain how the Cloud Service Provider (CSP) solution was assessed and what FedRAMP documents and processes were used for the assessment in order to comply with VA Handbook 6517.*
- *Does a contract with Cloud Service Provider, Contractors and VA customers establish who has ownership rights over data including PII?*
- *NIST 800-144 states, “Organizations are ultimately accountable for the security and privacy of data held by a cloud provider on their behalf.” Is this principle described in contracts with customers? Why or why not?*
- *What is the magnitude of harm if privacy related data is disclosed, intentionally or unintentionally? Would the reputation of the CSP or its customers (VA) be affected?*

Hewlett Packard Records manager also known as HP TRIM. HP Records Manager, known as HP TRIM, is a document and records management repository solution to capture, manage, and secure information discovered during an OMI investigation. All documents in HP TRIM are maintained in accordance with VA Records Management guidance and accessible only by OMI staff. In some cases, PII/PHI is included in discovery findings.

Information archived in HP TRIM include but isn't limited to the following:

- Signed report of investigations
- Action Plans (Detailing actions taken by the VA health care facility to address actionable items detailed in the report of investigation)
- Interview testimony transcripts
- Incoming request for investigation
- Discoverable products submitted during the investigation

The expected number of individuals whose information will be stored is impossible to quantify because it is based upon the complainants listed in the referrals for investigation, which can't be quantified because it is based on unknown variables. It is impossible to predict. The Veterans Health Administration (VHA) is the largest integrated health care system in the United States, providing care at 1,255 health care facilities, including 170 VA Medical Centers and 1,074 outpatient sites of care of varying complexity (VHA outpatient clinics) to over 9 million Veterans enrolled in the VA.

There is no sharing of information. An application of HP TRIM is loaded on all Office of the Medical Inspector staff GFE issued laptops. The completion of this PIA will not result in circumstances that require changes to business processes. The completion of this PIA will not result in technology changes. The SORN "Investigative Database—OMI—VA" (162VA10E1B) will not require action. The system does not use cloud technology. If data is disclosed, intentionally or unintentionally the magnitude of harm cannot be quantified because it is dependent on variables that can't be measured. The magnitude is person driven not system driven.

The legal authority to operate this system is Title 38 U.S.C. 501. "Investigative Database—OMI—VA" (162VA10E1B) <https://www.govinfo.gov/content/pkg/FR-2020-02-07/pdf/2020-02482.pdf>

Section 1. Characterization of the Information

The following questions are intended to define the scope of the information requested and collected as well as the reasons for its collection as part of the program, IT system, or technology being developed.

1.1 What information is collected, used, disseminated, created, or maintained in the system?

Identify and list all Sensitive Personal Information (SPI) that is collected and stored in the system, including Individually Identifiable Information (II), Individually Identifiable Health Information (IIHI), Protected Health Information (PHI), and Privacy- Protected Information. For additional information on these information types and definitions, please see VA Directives and Handbooks in the 6500 series (<https://vawww.va.gov/vapubs/>). If the system creates information (for example, a score, analysis, or report), list the information the system is responsible for creating.

If a requesting system receives information from another system, such as a response to a background check, describe what information is returned to the requesting system.
 This question is related to privacy control AP-1, Authority To Collect, and AP-2, Purpose Specification.

Please check any information listed below that your system collects, uses, disseminates, creates, or maintains. If additional SPI is collected, used, disseminated, created, or maintained, please list those in the text box below:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Name | <input checked="" type="checkbox"/> Financial Account Information | <input checked="" type="checkbox"/> Race/Ethnicity |
| <input checked="" type="checkbox"/> Social Security Number | <input checked="" type="checkbox"/> Health Insurance Beneficiary Numbers | <input checked="" type="checkbox"/> Tax Identification Number |
| <input checked="" type="checkbox"/> Date of Birth | <input checked="" type="checkbox"/> Certificate/License numbers | <input checked="" type="checkbox"/> Medical Record Number |
| <input checked="" type="checkbox"/> Mother's Maiden Name | <input checked="" type="checkbox"/> Vehicle License Plate Number | <input checked="" type="checkbox"/> Other Unique Identifying Number (list below) |
| <input checked="" type="checkbox"/> Personal Mailing Address | <input checked="" type="checkbox"/> Internet Protocol (IP) Address Numbers | |
| <input checked="" type="checkbox"/> Personal Phone Number(s) | <input checked="" type="checkbox"/> Current Medications | |
| <input checked="" type="checkbox"/> Personal Fax Number | <input checked="" type="checkbox"/> Previous Medical Records | |
| <input checked="" type="checkbox"/> Personal Email Address | | |
| <input checked="" type="checkbox"/> Emergency Contact Information (Name, Phone Number, etc. of a different individual) | | |

The system is a warehouse for investigations which collects data from all of VHA.

This system may have documents submitted to it from any agency record, which includes all VHA system of records. There could be another unique identifying number from those systems or in the future, for which we cannot account for.

PII Mapping of Components

There are no key components with this system.

PII Mapped to Components

PII Mapped to Components

Components of the information system (servers) collecting/storing PII	Does this system collect PII? (Yes/No)	Does this system store PII? (Yes/No)	Type of PII (SSN, DOB, etc.)	Reason for Collection/ Storage of PII	Safeguards
N/A	N/A	N/A	N/A	N/A	N/A

1.2 What are the sources of the information in the system?

List the individual, entity, or entities providing the specific information identified above. For example, is the information collected directly from the individual as part of an application for a benefit, or is it collected from other sources such as commercial data aggregators?

Describe why information from sources other than the individual is required. For example, if a program's system is using data from a commercial aggregator of information or data taken from public Web sites, state the fact that this is where the information is coming from and then in question 1.3 indicate why the system is using this source of data.

If the system creates information (for example, a score, analysis, or report), list the system as a source of information.

This question is related to privacy controls DI-1, Data Quality, and IP-1, Consent.

The entities providing the information above are the witnesses, whistleblowers, etc. associated with the investigations performed by the Office of the Medical Inspector. Information sent to this system is sent manually from VHA medical facilities via email and the information contains data from other VHA SOR's or agency records. The system doesn't produce a report.

1.3 How is the information collected?

This question is directed at the means of collection from the sources listed in question 1.2. Information may be collected directly from an individual, received via electronic transmission from another system, or created by the system itself. Specifically, is information collected through technologies or other technology used in the storage or transmission of information in identifiable form?

If the information is collected on a form and is subject to the Paperwork Reduction Act, give the form's OMB control number and the agency form number.

This question is related to privacy controls DI-1, Data Quality, and IP-1, Consent.

The information collected from witnesses, whistleblowers, etc. is collected during the course of an investigation is received manually via email and uploaded to HP TRIM. There is no external connections or automated uploading or transferring in this system.

1.4 What is the purpose of the information being collected, used, disseminated, created, or maintained?

Include a statement of why the particular SPI is collected, maintained, used, or disseminated in the system is necessary to the program's or agency's mission. Merely stating the general purpose of the system without explaining why this particular type of information should be collected and stored is not an adequate response to this question.

If the system collects, uses, disseminates, or maintains publicly available or commercial data, include a discussion of why commercial data is relevant and necessary to the system's purpose.

This question is related to privacy control AP-2, Purpose Specification.

The information provided by witnesses, whistleblowers, etc. is key in ensuring the Office of Medical Inspector's ability to monitor the quality of Veterans' health care by investigating issues related to the quality of care, including those arising from evaluations of particular cases and programs using detailed examinations of local and national data.

1.5 How will the information be checked for accuracy? How often will it be checked?

Discuss whether and how often information stored in the system is checked for accuracy. Is information in the system checked against any other source of information (within or outside your organization) before the information is used to make decisions about an individual? For example, is there a computer matching agreement in place with another government agency? For systems that receive data from internal data sources or VA IT systems, describe the system checks to ensure that data corruption has not occurred during transmission.

If the system checks for accuracy by accessing a commercial aggregator of information, describe this process and the levels of accuracy required by the contract. This question is related to privacy controls DI-1, Data Quality, and DI-2, Data Integrity and Integrity Board.

OMI cannot account for the accuracy of the information they are provided from external sources.

1.6 What specific legal authorities, arrangements, and agreements defined the collection of information?

List the full legal authority for operating the system, specifically the authority to collect the information listed in question 1.1. Provide the authorities in a manner understandable to any potential reader, i.e., do not simply provide a legal citation; use statute names or regulations in addition to citations. Legal authorities include Federal laws, regulations, statutes, and Executive Orders.

This question is related to privacy control AP-1, Authority to Collect

The legal authority to operate this system is Title 38 U.S.C. 501. The SOR for this system is "Investigative Database—OMI—VA" (162VA10E1B).

1.7 PRIVACY IMPACT ASSESSMENT: Characterization of the information

Consider the specific data elements collected and discuss the potential privacy risks and what steps, if any are currently being taken to mitigate those identified risks.

Consider the following Fair Information Practice Principles (FIPPs) when assessing the risk to individual privacy:

Principle of Purpose Specification: Explain how the collection ties with the purpose of the underlying mission of the organization and its enabling authority.

Principle of Minimization: Is the information directly relevant and necessary to accomplish the specific purposes of the program?

Principle of Individual Participation: Does the program, to the extent possible and practical, collect information directly from the individual?

Principle of Data Quality and Integrity: Are there policies and procedures for VA to ensure that personally identifiable information is accurate, complete, and current?

This question is related to privacy control AR-1, Governance and Privacy Program, and AR-2, Privacy Impact and Risk Assessment.

Follow the format below when entering your risk assessment:

Privacy Risk: HP TRIM will contain both PII, PHI and a variety of other Sensitive Personal Information (SPI). Due to the highly sensitive nature of this data, there is a risk that, if the data were accessed by an unauthorized individual or otherwise breached, serious personal, professional, or financial harm may result.

Mitigation: In mitigation of moderate risk, the project shall adhere to all applicable security controls and ongoing patching recommendations. These controls include, but are not limited to: NIST, FIPS, STIG and administrative oversight, as assessed and directed by appointed VA Security Officers. All additional mitigation requirements shall be governed by on-site, VA NSOC and VA security professionals.

Section 2. Uses of the Information

The following questions are intended to clearly delineate the use of information and the accuracy of the data being used.

2.1 Describe how the information in the system will be used in support of the program's business purpose.

Identify and list each use (both internal and external to VA) of the information collected or maintained.

This question is related to privacy control AP-2, Purpose Specification.

HP Trim software is used to aggregate the data involved in OMI investigations. All data collected within the system depends on each individual investigation. A 'name' collected within the system, could be a patient name in one investigation or it could be an employee name in another. It's all situationally dependent for "ALL the data types listed below:

User level data may include:

Name

Social Security Number

Date of Birth

Mother's Maiden Name

Personal Mailing Address
Personal Phone Number(s)
Personal Fax Number
Personal Email Address
Emergency Contact Information (Name, Phone Number, etc. of a different individual)
Financial Account Information
Health Insurance Beneficiary Numbers
Account numbers
Certificate/License numbers
Vehicle License Plate Number
Internet Protocol (IP) Address Numbers
Current Medications
Previous Medical Records
Race/Ethnicity
Tax Identification Number
Medical Record Number
Other Unique Identifying Number - This system may have documents submitted to it from any agency record, which includes all VHA system of records. There could be another unique identifying number from those systems or in the future, for which we cannot account for.

2.2 What types of tools are used to analyze data and what type of data may be produced?

Many systems sift through large amounts of information in response to a user inquiry or programmed functions. Systems may help identify areas that were previously not obvious and need additional research by agents, analysts, or other employees. Some systems perform complex analytical tasks resulting in, among other types of data, matching, relational analysis, scoring, reporting, or pattern analysis. Describe any type of analysis the system conducts and the data that is created from the analysis.

If the system creates or makes available new or previously unutilized information about an individual, explain what will be done with the newly derived information. Will it be placed in the individual's existing record? Will a new record be created? Will any action be taken against or for the individual identified because of the newly derived data? If a new record is created, will the newly created information be accessible to Government employees who make determinations about the individual? If so, explain fully under which circumstances and by whom that information will be used.

This question is related to privacy controls DI-1, Data Quality, DI-2, Data Integrity and Integrity Board, and SE-1, Inventory of Personally Identifiable Information

HP TRIM does not perform any type of analysis. The system does not create or make new or unutilized information.

2.3 PRIVACY IMPACT ASSESSMENT: Use of the information. How is access to the PII determined? Are criteria, procedures, controls, and responsibilities regarding access documented? Does access require manager approval? Is access to the PII being monitored, tracked, or recorded? Who is responsible for assuring safeguards for the PII?

Describe any types of controls that may be in place to ensure that information is handled in accordance with the uses described above. Example: Describe if training for users of the project covers how to appropriately use information. Describe the disciplinary programs or system controls (i.e. denial of access) that are in place if an individual is inappropriately using the information.

Consider the following FIPPs below to assist in providing a response:

Principle of Transparency: Is the PIA and SORN, if applicable, clear about the uses of the information?

Principle of Use Limitation: Is the use of information contained in the system relevant to the mission of the project?

This question is related to privacy control AR-4, Privacy Monitoring and Auditing, AR-5, Privacy Awareness and Training, and SE-2, Privacy Incident response.

Permission to access the system is given by the Director of our service. The OMI office coordinates w/ OI&T to have a technician apply the application to the new staff GFE. OMI has a installation disc w/ Keys for HP TRIM. Access is removed when staff leave the OMI office by OI&T.

Controls are in place to ensure data is used and protected in accordance with legal requirements, VA policies, and VA's stated purpose for using the data. Controls include mandatory training completion for all employees, volunteers, and contractors. Additionally, audits are performed to ensure information is accessed and retrieved appropriately. VA has implemented required security and privacy controls for Federal information systems and organizations according to NIST SP 800-53 and VA Handbook 6500, Risk Management Framework for VA Information Systems.

Section 3. Retention of Information

The following questions are intended to outline how long information will be retained after the initial collection.

3.1 What information is retained?

Identify and list all information collected from question 1.1 that is retained by the system. This question is related to privacy controls DM-1, Minimization of Personally Identifiable Information, and DM-2, Data Retention and Disposal

Name

Social Security Number

Date of Birth

Mother's Maiden Name

Personal Mailing Address

Personal Phone Number(s)

Personal Fax Number

Personal Email Address

Emergency Contact Information (Name, Phone Number, etc. of a different individual)
Financial Account Information
Health Insurance Beneficiary Numbers
Account numbers
Certificate/License numbers
Vehicle License Plate Number
Internet Protocol (IP) Address Numbers
Current Medications
Previous Medical Records
Race/Ethnicity
Tax Identification Number
Medical Record Number
Other Unique Identifying Number

3.2 How long is information retained?

In some cases VA may choose to retain files in active status and archive them after a certain period of time. State active file retention periods, as well as archived records, in number of years, for the information and record types. For example, financial data held within your system may have a different retention period than medical records or education records held within your system, please be sure to list each of these retention periods.

*The VA records officer should be consulted early in the development process to ensure that appropriate retention and destruction schedules are implemented.
This question is related to privacy control DM-2, Data Retention and Disposal.*

The information is retained following the policies and schedules of VA's Records management Service and NARA in "Department of Veterans Affairs Records Control Schedule 10-1". According to Record Control Schedule 10-1 Item #1160.1, OMI investigation records need to be destroyed 10 years after closure of the investigation. Record Control Schedule 10-1 can be found at the following link:

<https://www.va.gov/vhapublications/RCS10/rcs10-1.pdf>

3.3 Has the retention schedule been approved by the VA records office and the National Archives and Records Administration (NARA)? If so please indicate the name of the records retention schedule.

*An approved records schedule must be obtained for any IT system that allows the retrieval of a record via a personal identifier. The VA records officer will assist in providing a proposed schedule. The schedule must be formally offered to NARA for official approval. Once NARA approves the proposed schedule, the VA records officer will notify the system owner.
This question is related to privacy control DM-2, Data Retention and Disposal.*

Complies with all VA retention and disposal procedures specified in VA Handbook 6300 and VA Directive 6300. The records are disposed of in accordance with Office of the Medical

Inspector (10E1B) of the Veterans Health Administration Records Control Schedule 10–1 (1160.1 Medical Inspector’s Investigation Records.)

<https://www.va.gov/vhapublications/RCS10/rcs10-1.pdf>).

3.4 What are the procedures for the elimination of SPI?

Explain how records are destroyed or eliminated at the end of the retention period. Please give the details of the process. For example, are paper records shredded on site, or by a shredding company and accompanied by a certificate of destruction, etc?

This question is related to privacy control DM-2, Data Retention and Disposal

We will not export data for retention. All data will be retained within HP TRIM until it is required to be deleted according to the Record Control Schedule 10-1. When required, this data is deleted from their file location. Digital media is shredded or sent out for destruction per VA Handbook 6500.1.

The records are disposed of in accordance with Office of the Medical Inspector (10E1B) of the Veterans Health Administration Records Control Schedule 10–1 (1160.1 Medical Inspector’s Investigation Records.)

3.5 Does the system, where feasible, use techniques to minimize the risk to privacy by using PII for research, testing, or training?

Organizations often use PII for testing new applications or information systems prior to deployment. Organizations also use PII for research purposes and for training. These uses of PII increase the risks associated with the unauthorized disclosure or misuse of the information. Please explain what controls have been implemented to protect PII used for testing, training and research. Have policies and procedures been developed to minimize the use of PII for testing, training, and research?

This question is related to privacy control DM-3, Minimization of PII Used in Testing, Training and Research

System is not tested and research is not conducted with the data.

3.6 PRIVACY IMPACT ASSESSMENT: Retention of information

Discuss the risks associated with the length of time data is retained and what steps, if any, are currently being taken to mitigate those identified risks.

While we understand that establishing retention periods for records is a formal process, there are policy considerations behind how long a project keeps information. The longer a project retains information, the longer it needs to secure the information and assure its accuracy and integrity. The proposed schedule should match the requirements of the Privacy Act to keep the minimum amount of PII for the minimum amount of time, while meeting the Federal Records Act. The schedule should align with the stated purpose and mission of the system.

Consider the following FIPPs below to assist in providing a response:

Principle of Minimization: Does the project retain only the information necessary for its purpose? Is the PII retained only for as long as necessary and relevant to fulfill the specified purposes?

Principle of Data Quality and Integrity: Has the PIA described policies and procedures for how PII that is no longer relevant and necessary is purged?

This question is related to privacy controls DM-1, Minimization of Personally Identifiable Information, and DM-2, Data Retention and Disposal.

Follow the format below:

Privacy Risk: There is a risk to maintaining data within HP TRIM as the information could be compromised or breached which is moderate.

Mitigation: OMI collects only the data necessary to meet the requirements of the investigations assigned. To further mitigate the risk posed by information retention, HP TRIM adheres to the VA RCS schedules for each category or data it maintains. When the retention data is reached for a record, OMI will carefully dispose of the data by the determined method as described in question 3.4. All electronic storage media used to store, process, or access OMI records will be disposed of in adherence with the latest version of VA Handbook 6500.1, Electronic Media Sanitization.

Section 4. Internal Sharing/Receiving/Transmitting and Disclosure

The following questions are intended to define the scope of information sharing/receiving/transmitting within VA. NOTE: Question 5 on Privacy Threshold Analysis should be used to answer this question.

4.1 With which internal organizations is information shared/received/transmitted? What information is shared/received/transmitted, and for what purpose? How is the information transmitted?

Identify and list the names of any program offices, contractor-supported IT systems, and any other organization or IT system within VA with which information is shared.

State the purpose for the internal sharing. If you have specific authority to share the information, provide a citation to the authority.

For each interface with a system outside your program office, state what specific data elements (PII/PHI) are shared with the specific program office, contractor-supported IT system, and any other organization or IT system within VA.

Describe how the information is transmitted. For example, is the information transmitted electronically, by paper, or by some other means? Is the information shared in bulk, on a case-by-case basis, or does the sharing partner have direct access to the information?

This question is related to privacy controls AP-2, Purpose Specification, AR-3, Privacy Requirements for Contractors and Service Providers, AR-8, Accounting of Disclosures, TR-1, Privacy Notice, and UL-1, Internal Use.

Data Shared with Internal Organizations

<i>List the Program Office or IT System information is shared/received with</i>	<i>List the purpose of the information being shared /received with the specified program office or IT system</i>	<i>List the specific data element types such as PII/PHI that are shared/received with the Program Office or IT system</i>	<i>Describe the method of transmittal</i>
N/A	N/A	N/A	N/A

4.2 PRIVACY IMPACT ASSESSMENT: Internal sharing and disclosure

*Discuss the privacy risks associated with the sharing of information within the Department and what steps, if any, are currently being taken to mitigate those identified risks.
This question is related to privacy control UL-1, Internal Use.*

Follow the format below:

Privacy Risk: There is a risk that information may be shared with unauthorized VA personnel.

Mitigation: Safeguards are implemented to ensure data is not sent to unauthorized VA employees, including employee security and privacy training, and required reporting of suspicious activity. Use of secure passwords, access for need to know basis, Personal Identification Verification (PIV) Cards, Personal Identification Numbers (PIN), encryption, and access authorization are all measures that are utilized for the system.

Section 5. External Sharing/Receiving and Disclosure

The following questions are intended to define the content, scope, and authority for information sharing external to VA, which includes Federal, State, and local governments, and the private sector.

5.1 With which external organizations (outside VA) is information shared/received? What information is shared/received, and for what purpose? How is the information transmitted and what measures are taken to ensure it is secure?

Is the sharing of information outside the agency compatible with the original collection? If so, is it covered by an appropriate routine use in a SORN? If not, please describe under what legal mechanism the IT system is allowed to share the information in identifiable form or personally identifiable information outside of VA.

Note: This question is #7 in the Privacy Threshold Analysis.

Identify and list the names of any Federal, State, or local government agency or private sector organization with which information is shared.

For each interface with a system outside VA, state what specific data elements (PII/PHI) are shared with each specific partner.

What legal mechanisms, authoritative agreements, documentation, or policies are in place detailing the extent of the sharing and the duties of each party? For example, is the sharing of data compatible with your SORN? Then list the SORN and the applicable routine use from the SORN. Is there a Memorandum of Understanding (MOU), Computer Matching Agreement (CMA), or law that mandates the sharing of this information?

Describe how the information is transmitted to entities external to VA and what security measures have been taken to protect it during transmission.

This question is related to privacy control UL-2, Information Sharing with Third Parties

Data Shared with External Organizations

<i>List External Program Office or IT System information is shared/received with</i>	<i>List the purpose of information being shared / received / transmitted with the specified program office or IT system</i>	<i>List the specific data element types such as PII/PHI that are shared/received with the Program or IT system</i>	<i>List the legal authority, binding agreement, SORN routine use, etc. that permit external sharing (can be more than one)</i>	<i>List the method of transmission and the measures in place to secure data</i>
NA	NA	NA	NA	NA

If specific measures have been taken to meet the requirements of OMB Memoranda M-06-15 and M-06-16, note them here.

5.2 PRIVACY IMPACT ASSESSMENT: External sharing and disclosure

Discuss the privacy risks associated with the sharing of information outside the Department and what steps, if any, are currently being taken to mitigate those identified risks.

Discuss whether access controls have been implemented and whether audit logs are regularly reviewed to ensure appropriate sharing outside of the Department. For example, is there a Memorandum Of Understanding (MOU), contract, or agreement in place with outside agencies or foreign governments.

Discuss how the sharing of information outside of the Department is compatible with the stated purpose and use of the original collection. This question is related to privacy control AR-2, Privacy Impact and Risk Assessment, AR-3, Privacy Requirements for Contractors and Service Providers, and AR-4, Privacy Monitoring and Auditing

Follow the format below:

Privacy Risk: There is no data being shared outside of the Department.

Mitigation: Access is controlled by authentication and is restricted to authorized individuals. Tagence security policies address the required security controls that must be followed in order to protect PII.

Section 6. Notice

The following questions are directed at providing notice to the individual of the scope of information collected, the right to consent to uses of the information, and the right to decline to provide information.

6.1 Was notice provided to the individual before collection of the information? If yes, please provide a copy of the notice as an appendix. (A notice may include a posted privacy policy, a Privacy Act notice on forms, or a system of records notice published in the Federal Register.) If notice was not provided, why not?

This question is directed at the notice provided before collection of the information. This refers to whether the person is aware that his or her information is going to be collected. A notice may include a posted privacy policy, a Privacy Act statement on forms, or a SORN published in the Federal Register. If notice was provided in the Federal Register, provide the citation.

If notice was not provided, explain why. If it was provided, attach a copy of the current notice.

Describe how the notice provided for the collection of information is adequate to inform those affected by the system that their information has been collected and is being used appropriately. Provide information on any notice provided on forms or on Web sites associated with the collection. This question is related to privacy control TR-1, Privacy Notice, and TR-2, System of Records Notices and Privacy Act Statements, and TR-3, Dissemination of Privacy Program Information.

All info from HP Trim will be gathered from other SOR's or agency records. The notices if applicable will be provided by the other VA services that are responsible for their respective SOR's. "Investigative Database—OMI—VA" (162VA10E1B) <https://www.govinfo.gov/content/pkg/FR-2020-02-07/pdf/2020-02482.pdf>

6.2 Do individuals have the opportunity and right to decline to provide information? If so, is a penalty or denial of service attached?

This question is directed at whether the person from or about whom information is collected can decline to provide the information and if so, whether a penalty or denial of service is attached. This question is related to privacy control IP-1, Consent, IP-2, Individual Access, and IP-3, Redress

Individuals do not have the opportunity or right to decline to provide information into this system. The information contained within this system is gathered from other agency records or SOR's.

6.3 Do individuals have the right to consent to particular uses of the information? If so, how does the individual exercise the right?

This question is directed at whether an individual may provide consent for specific uses or the consent is given to cover all uses (current or potential) of his or her information. If specific consent is required, how would the individual consent to each use?

This question is related to privacy control IP-1, Consent

Individuals do not have the right to consent to particular uses of the information into this system. Information within this system is gathered from other sources from which the individuals would have given consent for inclusion into those systems or agency records.

6.4 PRIVACY IMPACT ASSESSMENT: Notice

Describe the potential risks associated with potentially insufficient notice and what steps, if any, are currently being taken to mitigate those identified risks.

Consider the following FIPPs below to assist in providing a response:

Principle of Transparency: Has sufficient notice been provided to the individual?

Principle of Use Limitation: Is the information used only for the purpose for which notice was provided either directly to the individual or through a public notice? What procedures are in place to ensure that information is used only for the purpose articulated in the notice?

This question is related to privacy control TR-1, Privacy Notice, AR-2, Privacy Impact and Risk Assessment, and UL-1, Internal Use

Follow the format below:

Privacy Risk: There is a risk that witnesses, and whistleblowers will not know that HP TRIM collects, maintains, and/or disseminates Personally Identifiable Information (PII), PHI and other Sensitive Personal Information (SPI).

Mitigation: This risk is mitigated by the publishing of “Investigative Database—OMI—VA” (162VA10E1B) <https://www.govinfo.gov/content/pkg/FR-2020-02-07/pdf/2020-02482.pdf> in the Federal Register. It is periodically republished for public knowledge per VA SOR guidelines.

Section 7. Access, Redress, and Correction

The following questions are directed at an individual’s ability to ensure the accuracy of the information collected about him or her.

7.1 What are the procedures that allow individuals to gain access to their information?

Cite any procedures or regulations your program has in place that allow access to information. These procedures, at a minimum, should include the agency’s FOIA/Privacy Act practices, but may also include additional access provisions. For example, if your program has a customer satisfaction

unit, that information, along with phone and email contact information, should be listed in this section in addition to the agency's procedures. See 5 CFR 294 and the VA FOIA Web page at <http://www.foia.va.gov/> to obtain information about FOIA points of contact and information about agency FOIA processes.

If the system is exempt from the access provisions of the Privacy Act, please explain the basis for the exemption or cite the source where this explanation may be found, for example, a Final Rule published in the Code of Federal Regulations (CFR).

If the system is not a Privacy Act system, please explain what procedures and regulations are in place that covers an individual gaining access to his or her information.

This question is related to privacy control IP-2, Individual Access, and AR-8, Accounting of Disclosures.

Individuals will request a FOIA in order to access these records. They can follow the guidance listed on <http://www.foia.va.gov/> for more information.

7.2 What are the procedures for correcting inaccurate or erroneous information?

Describe the procedures and provide contact information for the appropriate person to whom such issues should be addressed. If the correction procedures are the same as those given in question 7.1, state as much.

This question is related to privacy control IP-3, Redress, and IP-4, Complaint Management.

If records requested under the FOIA were determined to be inaccurate or erroneous, individuals would be referred to the originating facility and follow those record amendment procedures.

7.3 How are individuals notified of the procedures for correcting their information?

How are individuals made aware of the procedures for correcting his or her information? This may be through notice at collection or other similar means. This question is meant to address the risk that even if procedures exist to correct information, if an individual is not made fully aware of the existence of those procedures, then the benefits of the procedures are significantly weakened.

This question is related to privacy control IP-3, Redress, and IP-4, Complaint Management.

Facilities that have the original documents notify the individual. The OMI office doesn't create original documents.

7.4 If no formal redress is provided, what alternatives are available to the individual?

Redress is the process by which an individual gains access to his or her records and seeks corrections or amendments to those records. Redress may be provided through the Privacy Act and Freedom of Information Act (FOIA), and also by other processes specific to a program, system, or group of systems.

This question is related to privacy control IP-3, Redress, and IP-4, Complaint Management.

Example: Some projects allow users to directly access and correct/update their information online. This helps ensure data accuracy.

Redress is provided through the Privacy Act and Freedom of Information Act (FOIA), and by other processes specific to a program, system, or group of systems at the facility level.

7.5 PRIVACY IMPACT ASSESSMENT: Access, redress, and correction

Discuss what risks there currently are related to the Department's access, redress, and correction policies and procedures for this system and what, if any, steps have been taken to mitigate those risks. For example, if a project does not allow individual access, the risk of inaccurate data needs to be discussed in light of the purpose of the project. For example, providing access to ongoing law enforcement activities could negatively impact the program's effectiveness because the individuals involved might change their behavior.

Consider the following FIPPs below to assist in providing a response:

Principle of Individual Participation: *Is the individual provided with the ability to find out whether a project maintains a record relating to him?*

Principle of Individual Participation: *If access and/or correction is denied, then is the individual provided notice as to why the denial was made and how to challenge such a denial?*

Principle of Individual Participation: *Is there a mechanism by which an individual is able to prevent information about him obtained for one purpose from being used for other purposes without his knowledge?*

This question is related to privacy control IP-3, Redress.

Follow the format below:

Privacy Risk: There is a risk that Veterans whose records contain incorrect information may not receive notification of any changes. Furthermore, incorrect information in a Veteran's record may result in improper identification.

Mitigation: HP Trim relies on the facilities supplying information to OMI to ensure accuracy. If individuals want copies of these records, they can complete a FOIA request to obtain them.

Section 8. Technical Access and Security

The following questions are intended to describe technical safeguards and security measures.

8.1 What procedures are in place to determine which users may access the system, and are they documented?

Describe the process by which an individual receives access to the system.

Identify users from other agencies who may have access to the system and under what roles these individuals have access to the system. Who establishes the criteria for what PII can be shared?

Describe the different roles in general terms that have been created to provide access to the system. For example, certain users may have "read-only" access while others may be permitted to make certain amendments or changes to the information.

This question is related to privacy control AR-7, Privacy-Enhanced System Design and Development.

User roles identify the information and applications a user can access. To receive access to the HP TRIM the system administrator must grant them access. No one other than those assigned to the Office of the Medical Inspector will have access to HP TRIM. The Office of the Medical Inspector staff is comprised of Physicians, Nurses and Administrative support staff. All staff assigned to the Office of the Medical Inspector have full access to HP TRIM.

8.2 Will VA contractors have access to the system and the PII? If yes, what involvement will contractors have with the design and maintenance of the system? Has a contractor confidentiality agreement or a Non-Disclosure Agreement (NDA) been developed for contractors who work on the system?

If so, how frequently are contracts reviewed and by whom? Describe the necessity of the access provided to contractors to the system and whether clearance is required. If Privacy Roles and Responsibilities have been established to restrict certain users to different access levels, please describe the roles and associated access levels. Explain the need for VA contractors to have access to the PII.

This question is related to privacy control AR-3, Privacy Requirements for Contractors and Service Providers.

No, VA contractors will not have access to HP TRIM.

8.3 Describe what privacy training is provided to users either generally or specifically relevant to the program or system?

VA offers privacy and security training. Each program or system may offer training specific to the program or system that touches on information handling procedures and sensitivity of information. Please describe how individuals who have access to PII are trained to handle it appropriately. This question is related to privacy control AR-5, Privacy Awareness and Training.

Initial and annual Security Awareness Training to include HIPAA Privacy and Security training, includes security best practices, threat recognition, privacy, compliance and policy requirements, and reporting obligations. Upon completion of training, personnel must complete a security and privacy quiz with a passing score. All required VA privacy training must be completed in TMS prior to the user being provisioned.

8.4 Has Authorization and Accreditation (A&A) been completed for the system?

No, it is currently being worked on.

If Yes, provide:

- 1. The date the Authority to Operate (ATO) was granted,*
- 2. Whether it was a full ATO or ATO with Conditions,*
- 3. The amount of time the ATO was granted for, and*
- 4. The FIPS 199 classification of the system (LOW/MODERATE/HIGH).*

Please note that all systems containing SPI are categorized at a minimum level of “moderate” under Federal Information Processing Standards Publication 199.

*If No or In Process, provide your **Initial Operating Capability (IOC) date.***

The ATO is in progress. The Initial Operating Date is October 1, 2020.

Section 9. References

Summary of Privacy Controls by Family

Summary of Privacy Controls by Family

ID	Privacy Controls
AP	Authority and Purpose
AP-1	Authority to Collect
AP-2	Purpose Specification
AR	Accountability, Audit, and Risk Management
AR-1	Governance and Privacy Program
AR-2	Privacy Impact and Risk Assessment
AR-3	Privacy Requirements for Contractors and Service Providers
AR-4	Privacy Monitoring and Auditing
AR-5	Privacy Awareness and Training
AR-7	Privacy-Enhanced System Design and Development
AR-8	Accounting of Disclosures
DI	Data Quality and Integrity
DI-1	Data Quality
DI-2	Data Integrity and Data Integrity Board
DM	Data Minimization and Retention
DM-1	Minimization of Personally Identifiable Information
DM-2	Data Retention and Disposal
DM-3	Minimization of PII Used in Testing, Training, and Research
IP	Individual Participation and Redress
IP-1	Consent
IP-2	Individual Access
IP-3	Redress
IP-4	Complaint Management
SE	Security
SE-1	Inventory of Personally Identifiable Information
SE-2	Privacy Incident Response
TR	Transparency
TR-1	Privacy Notice
TR-2	System of Records Notices and Privacy Act Statements
TR-3	Dissemination of Privacy Program Information
UL	Use Limitation

ID	Privacy Controls
UL-1	Internal Use
UL-2	Information Sharing with Third Parties

Signature of Responsible Officials

The individuals below attest that the information provided in this Privacy Impact Assessment is true and accurate.

Privacy Officer, Christian Loftus

Information Security Systems Officer, Kehinde A. Talabi

Information System Owner, Elmer Clark

APPENDIX A-6.1

Please provide a link to the notice or verbiage referred to in Section 6 (a notice may include a posted privacy policy; a Privacy Act notice on forms).

“Investigative Database—OMI—VA” (162VA10E1B)

<https://www.govinfo.gov/content/pkg/FR-2020-02-07/pdf/2020-02482.pdf>