Privacy Impact Assessment for the VA IT System called:

Qualtrics XM Accessing Platform

Milwaukee VAMC, Mental Health Division

Veteran Health Administration

Date PIA submitted for review:

03/09/2022

System Contacts:

System Contacts

	Name	E-mail	Phone Number
Privacy Officer	Kimberly Murphy	Kimberly.murphy@va.gov	781-331-3206
Information System Security Officer (ISSO)	Thomas Orler	Thomas.Orler@va.gov	708-938-1247
Information System Owner	Michael Wilkins	Michael.Wilkins3@va.gov	469-586-7117

Abstract

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

The software allows surveys to be developed, data to be stored, and analyzed.
The surveys will be used with both Veterans and VA staff as a component for determine employee experience and Veteran experience to make improvements in our management systems, treatments approaches, and to improve our ability to collect research survey data.

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.*
- *Indicate the ownership or control of the IT system or project.*
- *The expected number of individuals whose information is stored in the system and a brief description of the typical client or affected individual.*
- *A general description of the information in the IT system and the purpose for collecting this information.*
- *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? If the system is using cloud technology, does the SORN for the system cover cloud usage or storage?*

The Qualtrics Experience Management Platform (Qualtrics) is owned by VHA's Office of Research and Development (ORD). Qualtrics is a self-service research, analytics and reporting platform that allows clinical researchers to conduct research with veterans and providers through multiple channels (e.g., email, offline, mobile, etc.). Use of the product aligns to:
1. VA must continue to invest in groundbreaking research that contributes to the quality of life for Veterans—and for all Americans. (Strategic Plan Page 2)
2. VA Strategic Goals - VA is dedicated to providing excellent care and services to the

Veterans who courageously undertook the mantle of defense of the Nation: to deliver on our priorities, VA will aggressively seize opportunities driven by rapid advancements in technology and ground-breaking research to provide Veterans cutting-edge treatment and means to access care, benefits, and services.
3. PERFORMANCE GOAL: VA has aligned its strategic footprint and services to ensure it can adapt quickly to changing Veteran needs
a. VA has an extremely robust research and development capability and innovates to improve services to Veterans and employees.
b. BUSINESS STRATEGY 4.3.4: ENHANCE THE NATION'S MEDICAL RESEARCH AND GRADUATE MEDICAL EDUCATION CAPABILITY
The number of individuals with info in the system is determined by the number of product licenses purchased by ORD. Currently ORD anticipates purchasing a license allowing 25,000 unique respondents. The system is both purchased and managed from VACO and smaller contracts have been initiated at the site level.

Qualtrics provides clinical researchers with a secure, self-serviced, cloud-based research platform that enables them to collect and analyze information gathered through online surveys of veterans and other research subjects. The information in the system may include privacy-related information such as personally identifiable information (PII) as defined by the privacy Act of 1974, information in identifiable form (IIF) as defined by the E-Government act of 2002, and protected health information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA), as well as other forms of sensitive information such as information protected by the Policy for the Protection of Human Subjects (e.g. the "common rule"), controlled unclassified information (CUI), and information exempted from release under the Freedom of Information Act (FOIA). The size and amount and sensitivity of data collected by Qualtrics varies by project, but the platform is set up to allow the collection of information (survey responses) from up to millions of respondents.

The Qualtrics system is operated at several geographically dispersed research locations throughout the VA. Because the system is web based, management of any PII is done centrally within the VA instance of Qualtrics. ORD and its associated research programs will employ identical controls across all sites using Qualtrics. The Qualtrics platform is FedRAMP authorized. VA retains all ownership of data collected by Qualtrics. "Moderate" harm would be the result of an intentional or unintentional disclosure of privacy related data.

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 (III), 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://vaww.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.

The information selected below must match the information provided in question 2.1 as well as the data elements columns in 4.1 and 5.1.

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:

- ☒ 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
- ☐ Gender
- ☐ Integration Control Number (ICN)
- ☐ Military History/Service Connection
- ☐ Next of Kin
- ☐ Other Unique Identifying Information (list below)

The unique identifying information will be used in some request in place of the last 4 of social security number.

PII Mapping of Components
Qualtrics consists of **0** key components (databases). Each component has been analyzed to determine if any elements of that component collect PII. The type of PII collected by **Qualtrics** and the reasons for the collection of the PII are in the table below.

PII Mapped to Components

Note: Due to the PIA being a public facing document, please do not include the server names in the table. The first table of 3.9 in the PTA should be used to answer this question.

PII Mapped to Components

Database Name of the information system 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

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.

Survey respondents are the source of information.

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.

Qualtrics is used to create surveys that collect research relative information from research subjects. Subjects are provided with a web address link to the Qualtrics platform. The responses gathered are used to support protocol hypotheses.

1.4 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.

Responses gathered from subjects are assumed to be accurate and will not be re-checked for accuracy.

1.5 What specific legal authorities, arrangements, and agreements defined the collection of information? (please check with privacy and vendor to determine if this is still accurate)

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

Privacy related information is collected under legal authorities cited or referenced in the individual project/protocol. The Qualtrics platform supports VA projects as directed by the business organization. The authority for the system is Title 38, United sates Code, chapter 73, section 7301.

1.6 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: Disclosure of personally identifiable information, that if disclosed may expose the respondent/subject to financial loss or identity theft.
Privacy Risk: Disclosure of military service details that may compromise the individual's reputation, circumstances, or safety
Privacy Risk: Disclosure of medical, personal, or other information that may compromise the individual's reputation, circumstances, or safety.
Privacy Risk: Disclosure of participation in a study or activity, where knowledge of participation may adversely impact the individual's reputation or circumstances.

Mitigation: Information will be secured on the system through access controls, personnel security awareness and training, regular auditing of information and information management processes, careful monitoring of a properly authorized information system, control of changes to the system, appropriate handling and testing of contingencies and contingency planning, ensuring that all users of the information system are properly identified and authorized for access, and that they are aware of the rules and acknowledge that fact, by ensuring that any incident is handled expeditiously, properly maintaining the system and regulating the environment the system operates in, controlling media, evaluating risks and planning for information management and information system operations, by ensuring that the system and any exchange of information is protected, by maintaining the integrity of the system and the information stored in it, and by adhering to the requirements established in applicable contracts.

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.

The information in the Qualtrics platform supports research and other activities conducted by VHA researchers. Privacy-related information is typically used for:

• Requesting information from other sources
• Statistical processing and analysis
• Longitudinal data collection/generation
• Aggregation into de-identified (i.e., abstracted or aggregated) data products
• Aggregation into de-identified reports and publications

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

Research projects supported by Qualtrics may perform a variety of analyses of privacy-related data. Researchers may perform analysis using Excel and a Statistical Analysis System (SAS) or a host of other applications used for research purposes. New information about individuals may be generated as inputs to analysis or as intermediate products during analysis. Privacy-related data are most often not included in the final, deliverable research results

2.3 How is the information in the system secured? (Follow up with either Privacy or Vendor)

2.3a What measures are in place to protect data in transit and at rest?

2.3b If the system is collecting, processing, or retaining Social Security Numbers, are there additional protections in place to protect SSNs?

2.3c How is PII/PHI safeguarded in accordance with OMB Memorandum M-06-15?

This question is related to security and privacy controls SC-9, Transmission Confidentiality, and SC-28, Protection of Information at Rest

The information is secured by the VA firewall. The system has encryption of data set in place to safeguard the security and confidentiality of records, which addresses the OMB-M-06-15.

2.4 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.

The privacy impact related to uses of the information is the same as that derived from the information characterization. The primary risk is inadvertent disclosure, which is mitigated as described in Section 1.6 above.

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

All VA information is retained by the information system as required by the enabling contract.

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. If the system is using cloud technology, will it be following the NARA approved retention length and schedule?

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.

Information collected or generated by VA activities is retained for the duration of the contract which authorized the collection and/or generation of that information, or as otherwise directed or required by the contracting VA organization or as required by VA policy if such direction or requirement is shorter than the duration of the contract. In no circumstances is VA information retained in Qualtrics beyond the expiration of the contract authorizing the utilization of that information.

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. (Follow up with Privacy to see if retention policy is still accurate)

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.

Retention schedules are determined and approved at the project level. VHA Record Control Schedule 10-1 contains the record control schedule for research records. VA Facility research records are part of the 8300 schedule found in https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf All research records, particularly FDA regulated, are not going to have the same retention period because if FDA requires that record to be kept past the standard retention period, which is 6 years, then the applicable federal requirement is going to apply.

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

Sensitive information is disposed in accordance with VA policy and/or as directed by the contracting VA organization. Mechanisms available include shredding for paper and other materials, secure erasure for digital storage media, degaussing for magnetic media, and physical destruction for anything not securable by other means.

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

Use of Qualtrics is dictated by principal investigators and study staff. When possible, researchers will minimize the use of PII and use alternative de-identified 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: The privacy impact related to uses of the information is the same as that derived from the information characterization.

Mitigation: The primary risk is inadvertent disclosure, which is mitigated as described in Section 1.6 above.

Section 4. Internal Sharing/Receiving/Transmitting and Disclosure

The following questions are intended to define the scope of information sharing/receiving/transmitting within VA.

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?

NOTE: Question 3.9 (second table) on Privacy Threshold Analysis should be used to answer this question.

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.

N/A Qualtrics does not share, receive or transmit information to any internal organizations.

Data Shared with Internal Organizations

List the Program Office or IT System information is shared/received with	***List the purpose of the information being shared /received with the specified program office or IT system***	***List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program Office or IT system***	***Describe the method of transmittal***
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

List the Program Office or IT System information is shared/received with	*List the purpose of the information being shared /received with the specified program office or IT system*	*List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program Office or IT system*	*Describe the method of transmittal*
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: N/A: Qualtrics does not share, receive or transmit information to any internal organizations.

Mitigation: N/A: Qualtrics does not share, receive or transmit information to any internal organizations.

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: Question 3.10 on Privacy Threshold Analysis should be used to answer this question.

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.

N/A
Qualtrics does not share, receive or transmit information to any external organizations.

Data Shared with External Organizations

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

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: N/A: Information is not shared outside of the Department

Mitigation: N/A: Information is not shared outside of the Department

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.

Individuals are notified prior to data collection in accordance with VA policy and direction by VHA.

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

Research activities that collect information from individuals are typically surveys in which participation by the individual is wholly voluntary. No penalties attach to refusal to participate, though incentives sometimes provided to encourage participation are not typically given to those who choose not to do so.

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

Research activities that collect information from individuals are typically surveys in which analysis and reporting are the only uses. That is, participation is consent to sole intended use.

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: Notice is not provided to the individual, or consent is not sought or is not adequately explained, prior to collection of information.

Mitigation: : Privacy-related information collected is commonly not included in final, deliverable research results. Please review information in Privacy section of Qualtrics website for additional information.

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.

Research study activities typically post a website with contact information. Those that distribute paper forms include explanatory and contact information with the forms. Those that employ web-based data collection mechanisms send paper materials and include contact information, usually including email addresses, and privacy notices on the website in accordance with VA policy and direction. The protocol consent process is used to inform all participants of their rights to obtain personal information and describes the procedure to retain such 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.

Individuals contact the project-level individual named in the website or survey materials

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.

Individuals are notified of these procedures in the survey materials, website, or privacy notice.

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 ensures data accuracy.

In addition to contacting project staff, survey respondents often have the option of supplementing, editing, or deleting their contact information and survey responses

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 the subject accidentally provides incorrect information in their response to a Qualtrics questionnaire or survey which could misrepresent their knowledge and/or abilities.

Mitigation: Subjects provide information directly to the Qualtrics application. If needed, individuals may provide updated responses for their records by corresponding with the study's Principal Investigator or administrative staff

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.

Individuals may access information only after passing VA background screening and authorization by an identified approval authority (e.g., the VA project officer). Individuals and associated access privileges are tracked in a roster.

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, Business Associate Agreement (BAA), 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.

Certain Qualtrics staff have technical access to information as necessary which may include privacy sensitive responses provided by subjects. Qualtrics does not access individual accounts or the data associated with client accounts unless specifically authorized for technical reasons. Qualtrics staff will only access VA Research account info and data as authorized by the VA project officer(s) or project director(s) of the project(s) to which each individual is assigned.

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.

Individuals receive VA privacy training.

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

If Yes, provide: Please locate information

1. *The Security Plan Status,*
2. *The Security Plan Status Date,*
3. *The Authorization Status,*
4. *The Authorization Date,*
5. *The Authorization Termination Date,*
6. *The Risk Review Completion Date,*
7. *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.***

Yes. The security plan status has been authorized and was completed on **6/7/2020**. The ATO date is **9/3/2020**. The ATO termination date is **6/25/2023**. The Full ATO date completion is **6/17/2021**. The Risk Review Completion Date is **10/05/2020**. The FIPS 199 Classification of system is **Moderate**

Section 9 – Technology Usage

The following questions are used to identify the technologies being used by the IT system or project.

9.1 Does the system use cloud technology? If so, what cloud model is being utilized?

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. Types of cloud models include: Software as a Service (SaaS), Infrastructure as a Service (IaaS), Platform as a Service (PaaS), Commercial off the Shelf (COTS).

This question is related to privacy control UL-1, Information Sharing with Third Parties.

Note: For systems utilizing the VA Enterprise Cloud (VAEC), no further responses are required after 9.1.

Yes, Qualtrics uses VAEC AWS as a cloud service provider. The system has a FedRAMP agency authorization.

9.2 Does the contract with the Cloud Service Provider, Contractors and VA customers establish who has ownership rights over data including PII? (Provide contract number and supporting information about PII/PHI from the contract)

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

Yes, the customer retains all rights in and related to customer data and PII. Specific language on data ownership can be found in Section 10.2 and Exhibit A in the General Terms and Conditions for Qualtrics Services.

Contract #: N/A

9.3 Will the CSP collect any ancillary data and if so, who has ownership over the ancillary data?

Per NIST 800-144, cloud providers hold significant details about the accounts of cloud consumers that could be compromised and used in subsequent attacks. Ancillary data also involves information the cloud provider collects or produces about customer-related activity in the cloud. It includes data collected to meter and charge for consumption of resources, logs and audit trails, and other such metadata that is generated and accumulated within the cloud environment.

This question is related to privacy control DI-1, Data Quality.

Under Section 3.5 of the General Terms and Conditions for Qualtrics Services, the customer grants Qualtrics the right to use certain ancillary data provided such data is anonymized and aggregated.

9.4 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 are the roles and responsibilities involved between the organization and cloud provider, particularly with respect to managing risks and ensuring organizational requirements are met?

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

Qualtrics is responsible as a data processor (not the data controller) for the privacy and security of data stored in the Qualtrics system. Our specific obligations with respect to those subjects are outlined in Section 4 and Exhibit A of the General Terms and Conditions for Qualtrics Services.

Please see the attached Qualtrics Cloud Security and Privacy Framework for more information.

9.5 If the system is utilizing Robotics Process Automation (RPA), please describe the role of the bots.

Robotic Process Automation is the use of software scripts to perform tasks as an automated process that executes in parallel with or in place of human input. For example, will the automation move or touch PII/PHI information. RPA may also be referred to as "Bots" or Artificial Intelligence (AI).

No, the Qualtrics system does not use RPA.

Section 10. 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**
UL-1	Internal Use

ID	Privacy Controls
UL-2	Information Sharing with Third Parties

Signature of Responsible Officials

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

Digitally signed by Kimberly E. Murphy 183320
Date: 2022.04.05 15:21:16 -04'00'

Privacy Officer, Kimberly Murphy

Thomas J. Orler 178546

Digitally signed by Thomas J. Orler 178546
Date: 2022.04.05 14:30:44 -05'00'

Information System Security Officer, Thomas Orler

MICHAEL WILKINS

Digitally signed by MICHAEL WILKINS
Date: 2022.04.05 15:39:53 -05'00'

Information System Owner, Michael Wilkins

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).