Privacy Impact Assessment for the VA IT System called:

Enterprise Logging Warehouse (ELW)

Application Hosting Cloud and Edge Solutions (ACES)
VACO

Date PIA submitted for review:

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System Contacts:

System Contacts

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Abstract

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

VA's ELW functionality is composed of a software platform to search, analyze and visualize the machine-generated logs and data gathered from the websites, applications, sensors, devices etc. which make up organizational IT infrastructure and business. VA ELW core offering collects and analyzes high volumes of machine-generated data and/or transformed data that can be used for reporting, visualization, advanced analytics, and machine learning. ELW will support semi-structured data (CVS, logs, SML, JSON) and unstructured data (PDFs, email, documents).

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.*

Enterprise Logging Warehouse is owned by the Application hosting, Cloud and Edge Solutions (ACES).

- *The business purpose of the program, IT system, or technology and how it relates to the program office and agency mission.*

The purpose of Splunk is to collect and generate audit records for security-related events. Splunk assists Cybersecurity and VA Business Units to detect unauthorized intrusions and privileged access abuse. Security audit information is defined as: A chronological record of user activities that is sufficient to enable the reconstruction, review, and examination of those activities A set of records that collectively provide evidence to support enforcement actions A set of auditable events that include all related user actions that lead up to a particular event. The audit trail record must convey these actions (i.e., user interface activities) in the record in a useful manner such that the auditable event and related actions can be reconstructed and presented in the context in which it happened. Standard Employee Identifiers (SEIDs) and Internet Protocol (IP) addresses are collected from security audit logs of various systems and are used to attribute security relevant system activity to the specific individual performing the action and the network host from which the action occurred. Splunk Enterprise collects and indexes any machine data from physical, virtual or cloud environments that can be used for security, compliance and fraud detection purpose, infrastructure and operational management purpose as well as for application delivery and quality assurance purpose.

- *Indicate the ownership or control of the IT system or project.*

ELW is VA owned and VA operated by Application Hosting, Cloud, and Edge Solutions (ACES) Program office in the Office of Information Technology (OIT).

- *The expected number of individuals whose information is stored in the system and a brief description of the typical client or affected individual.*

ELW ingest logs from multiple applications, those application owners will maintain their own Privacy documentation which will vary in information stored, clients, and affected individuals. VA Business Stakeholders of the Applications logs ingested into ELW have ownership rights over data.

- *A general description of the information in the IT system and the purpose for collecting this information.*

Ingested logs may include PII in the form of Social Security Number, address, name and financial information for Veterans and dependents. Its purpose is for reporting, visualization, and advanced analytics on the cumulative data within the logs.

- *Any information sharing conducted by the IT system. A general description of the modules and subsystems, where relevant, and their functions.*

ELW leverages VAEC Cloud and Splunk technologies which allows teams to develop, scale, and deliver modern, secure, and properly segmented (from a storage, network, and compute perspective) applications in a multi-tenant environment. ELW also leverages a suite of TRM approved COTS tools (e.g. Venafi, Splunk, ITSI, ES) to help development teams deliver quickly and effectively.

- *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.*

ELW operates in multiple Cloud Regions of the VA Enterprise Cloud (VAEC) in Amazon Web Services (AWS) and Microsoft Azure Gov Clouds (MAG), deployed across AWS Availability Zones and MAG locations. Security and privacy data held by a cloud provider is still required to meet the requirements under the privacy act. Federal agencies are required to identify and assess the risk to their PII, and to ensure security controls are implemented to provide adequate safeguards. Section C MM. of the contract references OMB Memorandum "Security Authorization of Information Systems in Cloud Computing Environments" FedRAMP Policy Memorandum.

- *A citation of the legal authority to operate the IT system.*

VA Enterprise Cloud Solutions group partnered with Amazon Web Services (AWS) and Microsoft Azure Government a FedRAMP provider to offer VA programs the opportunity to host cloud applications. The production environment is hosted in AWS and MAG under VA Enterprise Cloud Solutions Office (ECSO) and accredited as FISMA "HIGH" categorization. Custody and ownership of PII and PHI are solely the responsibility of the VA as a tenant of AWS and MAG, in accordance with VA policy and NIST 800-144. AWS, MAG and the VA have a tremendous interest in maintaining security of PII and PHI, including (but not limited to) HIPAA Enforcement Rule of 2006, HIPAA Omnibus, and HITECH. AWS and MAG are responsible for physical security, infrastructure security, network and communications for the facility. VA is responsible for the maintaining application, data and system

security for the program. VA is the sole owner of all data stored within the system. The contract outlines Management of Security and Privacy Incidents in accordance with VA Handbook 6500.2. Based on determinations of independent risk analysis, the Contractor shall be responsible for paying to VA liquidated damages for affected individuals to cover the cost of providing credit protection services to affected individuals. CSPs are required to meet the same requirements when operating on behalf of the federal government. As for the Veteran documents will be available within, the Secretary of Veterans Affairs established guidelines pursuant to the authorities in and requirements of Title 38, United States Code, section 81 11 (38 U.S.C. 5811 I), titled "Sharing of Department of Veterans Affairs and Department of Defense Health Care Resources," and the authorities contained under Title 10, United States Code, section 1104 (10 U.S.C.5 1104), titled "Sharing of Resources with the Department of Veterans Affairs," which incorporates Title 31, United States Code, section 1535 (31 U.S.C. 51 535), titled "Agency Agreements," also known as the "Economy Act." These guidelines assist in the implementation of these statutes.

- *Whether the completion of this PIA will result in circumstances that require changes to business processes*

Completion of this PIA will not result in circumstances requiring changes to business processes.

- *Whether the completion of this PIA could potentially result in technology changes*

Completion of this PIA is not anticipated to 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 System of Record Notice (SORN) "VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records – VA" 58VA21/22/28 (July 19, 2012). This SORN can be found online at http://www.gpo.gov/fdsys/pkg/FR2012-07-19/pdf/2012-17507.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 (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)

PII Mapping of Components

Enterprise Logging Warehouse 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 **Enterprise Logging Warehouse** 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
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.

ELW ingest logs from various VA applications for corelated searches to identify discrepancies within the applications control.

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.

ELW ingests log from multiple individual Applications that manage their own information sources of data. The individual application logs are sent to a VA owned and operated Load Balancer which then directs the logs into a Splunk Indexer. That Splunk indexer cumulates the data for a Splunk Search Head to search the data and collate it into human readable language.

Splunk collects information in the following ways:

a) Log data from System endpoints (workstations, laptops, servers) is created locally on devices and forwarded to Splunk.
b) Network and Network Security devices (Switches, Routers, Firewalls, IPS, Web Proxy, etc.) send data to a Splunk via Syslog protocol over the VA network. The data is then parsed into a standard format which Splunk uses to index and display events.

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.

ELW ingest logs from multiple applications and platforms, those system owners will maintain their own Privacy documentation which will vary in information stored, clients, and affected individuals. VA Business Stakeholders of the Applications logs ingested into ELW have ownership rights over data.

1.5 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 System of Record Notice (SORN) “VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records – VA” 58VA21/22/28. This SORN can be found online at http://www.gpo.gov/fdsys/pkg/FR-2012-07-19/pdf/2012-17507.pdf
5 U.S.C. § 552a, Freedom of Information Act of 1996, As Amended By Public Law No. 104---231, 110 Stat. 3048 5 U.S.C. § 552a, Privacy Act of 1974, As Amended
The Secretary of Veterans Affairs established guidelines pursuant to the authorities in and requirements of Title 38, United States Code, section 81 11 (38 U.S.C. 5811 I), titled "Sharing of Department of Veterans Affairs and Department of Defense Health Care Resources," and the authorities contained under Title 10, United States Code, section 1104 (10 U.S.C.5 1104), titled "Sharing of Resources with the Department of Veterans Affairs," which incorporates Title 31, United States Code, section 1535 (31 U.S.C. 51 535), titled "Agency Agreements," also known as the "Economy Act." These guidelines assist in the implementation of these statutes.

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: If this information were breached or accidentally released to inappropriate parties or the public, it could result in potential personal and/or emotional harm to the friends/relatives of the individuals whose information is contained in the system.

Mitigation: The Department of Veterans Affairs applies consistent security guidance to centralize and standardize account management, network access control, database security, vulnerability scanning and remediation. ELW institutes the least privilege concept when PII/PHI is involved.

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.

VA provides a notice on the VA website that generally describes purposes for which PII may be collected, used, maintained and shared for individuals doing business with VA benefits offices, VA executive offices, VHA facilities, and National Cemeteries.

Username login credentials, device hostnames, and IP addresses that can be linked to or identity an individual is retrieved from event logs by the Splunk collector (in the case of firewalls or other security devices), or from the Splunk Universal Forwarder (in the case of event logs from desktops and servers). These data feeds are then sent to the Splunk user interface as alerts. System specific analysts (dependent on permissions) would be able to further investigate the log information from the security device or system that generated the event that contains information that can identify an individual.

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

Sensitive data elements are not analyzed by ELW. System analysts for the specific data owners will perform any kind of data analysis or run analytic task. Data will only be stored in the secure enclave; no new data will be created within ELW.

2.3 How is the information in the system secured?

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

ELW protects the confidentiality and integrity of the transmitted information within the system boundary. Data in transit is encrypted utilizing TLS 1.2 encryption approved by the VA and Data at Rest is encrypted by Amazon Elastic Block Storage (EBS) for platform component storage, including platform operational state from the distributed state model, as well as for log files and log aggregators that could contain PII/PHI from BIP minor applications. Amazon EBS provides encryption of the volumes.

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.

Add answer here:

VA Handbook 6500.2, Management of Breaches Involving Sensitive Personal Information establishes procedures for VA management of breaches involving VA Sensitive Personal

Information (SPI). The Handbook implements 38 U.S.C. §§ 5721-28 and 38 C.F.R. §§ 75.111-119; section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act (codified at 42 U.S.C. § 17932) and the Health Insurance Portability and Accountability Act (HIPAA) Breach Notification Rule at 45 C.F.R. §§ 164.400-414; the Privacy Act of 1974; and Office of Management and Budget (OMB) Memorandum 07-16, Safeguarding Against and Responding to the Breach of Personally Identifiable Information.

The Agency Data Breach Core Team (DBCT) is the deciding group on credit monitoring services and notifications. They work with the facility to receive input and report on all privacy related breaches as well as those that fall under HIPAA/HITECH.

Breach management is part of the overarching incident management process designed to mitigate risk. The incident management process contains four main areas: (1) Incident Preparation; (2) Incident Detection, Reporting, and Analysis; (3) Corrective/Mitigation Action; and (4) Post-Incident Activity.

In the secure enclave, access to the PII is determined by authentication and authorization mechanisms implemented within the ELW Splunk Application utilizing RBAC.

- All employees with access to Veteran's information are required to complete the mandatory VA Privacy and Information Security Awareness training and Rules of Behavior annually.
- Disciplinary actions, depending on the severity of the offense, include counseling, loss of access, suspension and possibly termination.
- Individual users are given access to Veteran's data through the issuance of a user ID and password, and by the use of a Personal Identity Verification (PIV) card. This ensures the identity of the user by requiring two-factor authentication. The user's ID limits the access to only the information required to enable the user to complete their job.

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 • Mailing Address • Zip Code • Phone Number(s) • Email Address • Emergency Contact Information (Name, Phone Number, etc of a different individual) • Financial Information • Health Insurance Beneficiary Numbers • Current Medications • Previous Medical Records • Race/Ethnicity • Veteran's Service Information

ELW follows VA Directive 6309 to ensure that the collection of information is needed; is not unnecessarily duplicative; reduces, to the extent feasible, the burden on respondents; is written in clear and understandable terms; implemented in a way consistent with existing reporting and record keeping practices and that the records are retained for the length of time outlined within the record keeping requirement (General Records Schedule or Records Control Schedule). System record keeping practices and that the records are retained for the length of time outlined within the record keeping requirement (General Records Schedule or Records Control Schedule). VA follows its Record Control Schedule and the NARA General Records Schedule (GRS) for records retention and disposition.

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.

Retention of logs containing PII/PHI is directed by the data owner and listed in the System PIA. ELW does not maintain information any longer than required by the individual system owners.

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.

Yes, ELW ingest logs from multiple applications across the VA, those application/information owners will maintain their own Privacy documentation and retention periods which will vary in information stored, clients, and affected individuals. VA Business Stakeholders of the Applications logs ingested into ELW have ownership rights over data.

ELW retention rules, other than explicitly directed otherwise by the application/information owner, is in alignment with VA Directive 6502.5 and the Department of Affairs Audit Logging Security Pattern.

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

Electronic media sanitization, when the records are authorized for destruction (or upon system decommission), will be carried out in accordance with VA 6500.1 HB Electronic Media Sanitization. Paper documents are destroyed to an unreadable state in accordance with the Department of Veterans' Affairs VA Directive 6371, (April 8, 2014), http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=742&FType=2 Electronic data and files of any type, including Protected Health Information (PHI), Sensitive Personal Information (SPI), Human Resources records, and more are destroyed in accordance with the Department of Veterans' Affairs Handbook 6500.1, Electronic Media Sanitization (November 3, 2008), Version Date: May 1, 2021 Page 14 of 31
http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=416&FType=2. When required, this data is deleted from their file location and then permanently deleted from the deleted items,or Recycle bin. Magnetic media is wiped and sent out for destruction per VA Handbook 6500.1. Digital media is shredded or sent out for destruction per VA Handbook 6500.1. Additionally, this system follows Field Security Service (FSS) Bulletin #176 dated April 9, 2014 for Media Sanitization Program, SOPs - FSS - All Documents as well as FSS Standard Operating Procedures (SOP) MP-6 Electronic Media Sanitization.

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

PII collected by ELW is not used for research, training or testing.

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 that the information maintained by ELW could be retained for longer than is necessary to fulfill the VA mission. Records held longer than required are at greater risk of being unintentionally released or breached.

Mitigation:

There is a risk that the information maintained by ELW could be retained for longer than is necessary to fulfill the VA mission. Records held longer than required are at greater risk of being unintentionally released or breached.

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.

ELW is an internally hosted platform meaning that only the authorized user can access and those users have to be on the VA network which insulates ELW from any outside/public access. BIP employ a variety of security measures that satisfy controls dictated within the VA 6500 Rev 4 Directive.

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***
Administration	by VSRs to access and upload the FTI data. FTI documents may include: Social Security Number, address, name and financial inform	SSN, address, name, email address, date of birth, contact numbers, tax identification numbers, and financial information for both Veterans and their dependents	From IRS and VBA users that contain FTI are redirected to this FTI syst
Veterans Benefits	LCM is the VVA component used	SSN, address, name, email address, date of birth, contact numbers, tax identification numbers, and financial information for both Veterans and their dependents	HTTPS-Data feeds

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*

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:

The privacy risk associated with transmitting PII within the Department of Veterans' Affairs is that the data may be disclosed to individuals who do not require access or have a need to know. Inappropriate/unauthorized disclosure heightens the threat of the information being misused.

Mitigation:

The principle of need-to-know is strictly adhered to by the ELW personnel. Only personnel with a clear business purpose are allowed access to the system and the information contained within it.

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

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***
Social Security Administration	SSA	FTI documents and data have Veteran PII as provided by the IRS. This may include: SSN, address, name, email address, date of birth, contact numbers, tax identification numbers, and financial information for both Veterans and their dependents.	Nation ISA/MOU	SSL connection of feed redirect from VVA

Internal Revenue Service	IRS	FTI documents and data have Veteran PII as provided by the IRS. This may include: SSN, address, name, email address, date of birth, contact numbers, tax identification numbers, and financial information for both Veterans and their dependents.		VVA

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 little or no risk for transfer of data externally. CPE does not share or received data outside of the VA boundary

Mitigation:

There is no risk to mitigate for external sharing

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.

ELW does not provide any notice because information is not collected by the ELW team

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

No information is directly collected from individuals by ELW. Therefore, there is no opportunity to decline to provide information input into ELW.

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

No information is directly collected from individuals by ELW. Therefore, there is no opportunity to decline to provide information input into ELW

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 members of the public may not know that ELW system exists within the Department of Veterans Affairs.

Mitigation:

The VA mitigates this risk by providing the public with two forms of notice that the system exists, as discussed in detail in question 6.1, including the Privacy Act statement and a System of Record Notice.

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 wishing to obtain more information about access, redress and records corrections of ELW should contact the Department of Veteran's Affairs regional as directed by the System of Record Notice (SORN) "VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records – VA" 58VA21/22/28 his SORN can be found online at http://www.gpo.gov/fdsys/pkg/FR2012-07-19/pdf/2012-17507.pdf.

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.

Discuss what risks there currently are related to the Department's access, redress, and co
As stated above in Section 7.1 the SORN has published the procedure for correcting inaccurate or erroneous information.
The following procedures are from VA Handbook 6300.4:
(1) An individual may request amendment of a record pertaining to him or her contained in a specific VA system of records by mailing or delivering the request to the office concerned. The request must be in writing and must conform to the requirements in paragraph 3b (3) of this handbook. It must state the nature of the information in the record the individual believes to be inaccurate, irrelevant, untimely, or incomplete; why the record should be changed; and the amendment desired. The requester should be advised of the title and address of the VA official who can assist in preparing the request to amend the record if assistance is desired.

(2) Not later than 10 days, excluding Saturdays, Sundays, and legal public holidays, after the date of receipt of a request to amend a record, the VA official concerned will acknowledge in writing such receipt. If a determination has not been made, the acknowledgement will inform the individual when he or she may expect to be advised of action taken on the request. VA will complete a review of the request to amend or correct a record as soon as reasonably possible, normally within 30 days from receipt of the request (excluding Saturdays, Sundays, and legal public holidays)

(3) Where VA agrees with the individual's request to amend his or her record(s), the requirements of 5 U.S.C. 552a(d) will be followed. The record(s) will be corrected promptly, and the individual will be advised promptly of the correction. Amendment consists of adding information to the record, altering information in the record, or deleting information in the record. Under the Privacy Act, if information is altered or deleted, the previous version must be

obliterated and illegible after amendment. The amendment should be annotated "Amended, Privacy Act, (date), (signature and title of amending official)."

(4) If the record has previously been disclosed to any person or agency, and an accounting of the disclosure was made, prior recipients of the record will be informed of the correction. FL 70- 19, Notification to Other Person or Agency of Amendment to a Record, may be used.

(5) If it is determined not to grant all or any portion of the request to amend a record, the official will promptly notify the individual in writing. The individual will be advised of his or her right to file a concise statement of reasons for disagreeing with the refusal to amend. The notice will specify the reason(s) for denying the request, identify the VA regulations or statutes upon which the denial is based, and advise that the denial may be appealed in writing to the General Counsel (024), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420. FL 70-20, Notification of Initial Refusal to Amend a Record Under the Privacy Act, may be used for this purpose.

(6) The determination on an appeal will be made not later than 30 days, excluding Saturdays, Sundays, and legal public holidays, from the date the individual's letter of appeal is received unless the Secretary or Deputy Secretary, for good cause shown, extends such 30-day period. If the 30-day period is so extended, the individual will be notified promptly of the reasons for the extension and the date on which a final determination may be expected. The final determination in such appeals will be made by the General Counsel or Deputy General Counsel.

(7) If the General Counsel or Deputy General Counsel finds that the adverse determination should be reversed, he or she will notify the VA office or station of the remedial action to be taken. The VA office or station will promptly carry out that action. The General Counsel or Deputy General Counsel will promptly notify the individual in writing of the corrective action. The field station or Central Office organization that provided the initial decision will inform previous recipients of the record that a correction has been made.

(8) If the General Counsel or Deputy General Counsel determines that the adverse determination will not be reversed, the individual will be notified promptly in writing of that determination, the reasons therefor, and of his or her right to seek judicial review of the decision pursuant to section 3 of the Privacy Act (5 U.S.C. 552a(g)).

(9) If the adverse determination is sustained by the General Counsel or Deputy General Counsel, the individual will also be advised promptly of his or her right to file a concise statement of reasons for disagreeing with the refusal to amend. The statement may contain information that the individual believes should be substituted.

(10) When an individual files a statement disagreeing with VA's decision not to amend a record, the record will be clearly annotated so that the fact that the record is disputed is apparent to anyone who may subsequently access, use, or disclose it. When the disputed record is disclosed to persons or other agencies, the fact of the dispute will be clearly noted. Copies of the statement of disagreement will be provided, and, when appropriate, copies of a concise statement of VA's reasons for not making the amendment(s) requested will also be provided.

(11) A decision by either the General Counsel or Deputy General Counsel pursuant to paragraph 3f(7) of this handbook is final. It is subject to judicial review in the district court of the United States in which the complainant resides, or has his or her principal place of business, or in which the VA records are located, or in the District of Columbia.

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.

The VA notifies individuals in two ways by publishing the SORN in the National Register and by publishing this PIA on the VA public website at: http://www.oprm.va.gov/privacy/pia.aspx .

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.

Formal redress procedures are published in The System of Record Notice (SORN) "VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records – VA" 58VA21/22/28 (July 19, 2012). This SORN can be found online at http://www.gpo.gov/fdsys/pkg/FR2012-07-19/pdf/2012-17507.pdf.

7.5 PRIVACY IMPACT ASSESSMENT: Access, redress, and correction

rrection 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 individual may seek to access or redress records about them held by the VA Office and become frustrated with the results of their attempt.

Mitigation:
By publishing this PIA and the applicable SORN, the VA makes the public aware of the unique status of applications and evidence files, such as those stored on the Virtual VA platform. Furthermore, this document and the SORN provide the point of contact for members of the public who have questions or concerns about applications and evidence files

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.

Per VA Directive and Handbook 6330, every 5 years the Office of Information Technology (OIT) develops, disseminates, and reviews/updates a formal, documented policy that addresses purpose, scope, roles, responsibilities, management commitment, coordination among

organizational entities, and compliance; along with formal, documented procedures to facilitate the implementation of the control policy and associated controls.

OIT documents and monitors individual information system security training activities including basic security awareness training and specific information system security training; and retains individual training records for 7 years. This documentation and monitoring is performed through the use of the VA's Talent Management System (TMS).

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.

A contractor ECSO Comms team will support the ELW production environment, but Safeguards are in place to prevent contractor access to ELW in accordance with VA Privacy Policy. The contractors who provide support to the system are required to complete annual VA Privacy and Information Security and Rules of Behavior training via the VA's Talent Management System (TMS).

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.

System owners are responsible for ensuring their staff are certified through the VA TMS. The contractors who provide support to the system are required to complete annual VA Privacy and Information Security and Rules of Behavior training via the VA's Talent Management System (TMS).

ELW authorized end users of the system must take annual FTI awareness and protection training as outlined in IRS Publication 1075. This training must be completed via the VA's Talent Management System 2.0 (TMS) and compliance is tracked through the TMS 2.0 system.

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

If Yes, provide:

1. *The Security Plan Status - Completed*
2. *The Security Plan Status - December 20, 2021*
3. *The Authorization Status - 1year ATO*
4. *The Authorization Date - March 10, 2022*
5. *The Authorization Termination Date - March 10,2023*
6. *The Risk Review Completion Date - March 23,2022*
7. *The FIPS 199 classification of the system - 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.***

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.

VAEC AWS CLOUD HIGH
VAEC MS AZURE GOVERNMENT

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.

<<N/A

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.

N/A

9.3 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.

N/A

9.4 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).

N/A

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
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.

Tonya L. Facemire 234776

Digitally signed by Tonya L. Facemire 234776
Date: 2022.11.02 09:15:49 -04'00'

Privacy Officer, Tonya Facemire

Thomas J. Orler 178546

Digitally signed by Thomas J. Orler 178546
Date: 2022.11.02 05:59:41 -05'00'

Information Systems Security Officer, Thomas Orler

DEANNA MOSCHETTE

Digitally signed by DEANNA MOSCHETTE
Date: 2022.11.02 05:30:07 -05'00'

Information System Owner, Dee Moschette

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).