



Privacy Impact Assessment for the VA IT System called:

**Salesforce: Veterans Integration to Academic
Leadership (VITAL) Program Student
Relationship Management
Veterans Health Administration
Clinical Services
Office of Mental Health & Suicide Prevention**

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.

The Salesforce: Veterans Integration to Academic Leadership Program Student Relationship Management (VITAL SRM) system allows peer mentors (who consist of WOC’s, Veterans and Dependents) to better organize and more efficiently conduct outreach, care coordination, and reporting. This new system will improve upon the current method of tracking this information in Excel spreadsheets. Salesforce CRM would aid them in tracking and analyzing their outreach and collaboration efforts.

The VITAL program serves student veterans with mental health services as they enter or return to college and has three primary missions:

- 1) Outreach – Finding and caring for student Veterans who are often not enrolled with the VA; collaborating with the local VAMC, VBA, campus faculty/staff, and community resources; help with VA enrollment; find required services on campus, in the community, and at the VA facilitate peer mentoring program.
- 2) Clinical Care – On-campus clinical care and coordination; Make mental health services more accessible; Provide full-service outpatient mental health care (adjustment, PTSD, ADHD, learning disability assessments, traumatic brain injury, time depression, anxiety, stress, substance abuse, sleep issues, time-management, etc.).
- 3) Training – Improving understanding of Veterans’ unique strengths and challenges through education and training delivered to the campus community; Provide training to campus faculty and staff to be more effective in working with their student veterans; thus, making the campus a more Veteran-friendly environment.

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:

1. General Description

- A. The IT system name and the name of the program office that owns the IT system.*

Salesforce – Veterans Integration to Academic Leadership (VITAL) Program Student Relationship Management (SRM) is owned by the VHA’s Mental Health and Suicide Prevention program office.

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

The purpose of VITAL is to better organize and more efficiently conduct outreach, care coordination, and reporting on the program’s efforts to serve student veterans with mental health services as they return to college.

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

SF – VITAL SRM will be managed by the VA Medical Center in Salt Lake City, Utah. The system will be owned by the VHA.

2. Information Collection and Sharing

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

The typical client will be a veteran student returning to or entering college. The expected number of individuals whose information will be stored in the system is 5,000.

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

The VITAL system will collect general contact information on the student veteran, as well as their mental health history, college status and a record of interactions with the student veteran.

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

The VITAL system will not share information with any other IT systems nor have any subsystems. The ID.me system will be used to authenticate identity for peer mentor login. Upon successful authentication, the SAML assertion generated by Access VA IAM will allow access to VITAL. No external connections to this application.

G. *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.*

The VITAL system will be operated only in the VA Medical Center Salt Lake City site.

3. Legal Authority and SORN

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

Although Salesforce – VITAL SRM data is stored in the Salesforce FedRAMP cloud, it remains the property of the VA and as such, the VA remains responsible for the security and privacy of this data.

The VA enforces these protection requirements through the implementation of its cybersecurity policies and the Risk Management Framework (RMF) process. Under the RMF Process, the system has a Data Security Categorization of **Moderate**, with the impacts of a data compromise being identified in the SF – VITAL SRM Data Security Categorization (DSC) memo. The Privacy Act of 1974, set forth at 5 U.S.C. 552a, states the legal authority to utilize this information.

The SORN applicable for the system is SORN “National Patient Databases-VA” (121VA10). [2023-07638.pdf](#) (govinfo.gov).

I. *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?*

SORN “National Patient Databases-VA” (121VA10). [2023-07638.pdf](#) (govinfo.gov) does not require any changes. This SORN covers cloud usage or storage.

D. System Changes

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

No changes to the business processes will occur.

- K. Whether the completion of this PIA could potentially result in technology changes
 Salesforce – VITAL SRM system is a web-based application. This PIA will not result in any other technological changes.

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://vawww.va.gov/vapubs/>). If the system creates information (for example, a score, analysis, or report), list the information the system is responsible for creating.

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

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:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Name | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Integrated Control |
| <input checked="" type="checkbox"/> Social Security | <input type="checkbox"/> Beneficiary Numbers | <input type="checkbox"/> Number (ICN) |
| Number | <input type="checkbox"/> Account numbers | <input type="checkbox"/> Military |
| <input checked="" type="checkbox"/> Date of Birth | <input type="checkbox"/> Certificate/License | <input type="checkbox"/> History/Service |
| <input type="checkbox"/> Mother's Maiden Name | numbers* | Connection |
| <input type="checkbox"/> Personal Mailing | <input type="checkbox"/> Vehicle License Plate | <input type="checkbox"/> Next of Kin |
| Address | Number | <input checked="" type="checkbox"/> Other Data Elements |
| <input checked="" type="checkbox"/> Personal Phone | <input type="checkbox"/> Internet Protocol (IP) | (list below) |
| Number(s) | Address Numbers | |
| <input type="checkbox"/> Personal Fax Number | <input type="checkbox"/> Medications | |
| <input checked="" type="checkbox"/> Personal Email | <input type="checkbox"/> Medical Records | |
| Address | <input type="checkbox"/> Race/Ethnicity | |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Tax Identification | |
| Information (Name, Phone | Number | |
| Number, etc. of a different | <input type="checkbox"/> Medical Record | |
| individual) | Number | |
| <input type="checkbox"/> Financial Information | <input type="checkbox"/> Gender | |

Additional Information collected that is not included in the list above:

- VA Employee’s Work Email
- Dependent’s First Name
- Dependent’s Last Name
- Dependent’s Personal Phone Number
- Dependent’s Personal Email Address
- Without Compensation’s (WOC) First Name
- Without Compensation’s (WOC) Last Name
- Without Compensation’s (WOC) Personal Phone Number
- Without Compensation’s (WOC) Work Email Address
- Without Compensation’s (WOC) Personal Email Address

PII Mapping of Components (Servers/Database)

Salesforce – VITAL SRM consists of **one (1)** key components (servers/databases). Each component has been analyzed to determine if any elements of that component collect PII. The type of PII collected by **Salesforce – VITAL SRM** and the reasons for the collection of the PII are in the table below.

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.

Internal Database Connections

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
ID.me	Yes	Yes	<ul style="list-style-type: none"> • <i>Veteran’s SSN Last 4 digits</i> • <i>Veteran’s Birthdate</i> • <i>Veteran’s First Name</i> • <i>Veteran’s Last Name</i> • <i>Veteran’s Personal Email address</i> • <i>Dependent’s First Name</i> • <i>Dependent’s Last Name</i> • <i>Dependent’s Personal Email Address</i> • <i>Without Compensation’s (WOC) First Name</i> 	<ul style="list-style-type: none"> • <i>Reason: To identify veteran</i> • <i>Reason: To identify veteran</i> • <i>Reason: To identify veteran</i> • <i>Reason: To contact veteran</i> • <i>Reason: To identify dependent</i> • <i>Reason: To identify dependent</i> • <i>Reason: To contact dependent</i> • <i>Reason: To identify WOC</i> 	Data is provided via the AccessVA SAML response when authenticating. Either HTTPS or site-to-site encryption will be used

			<ul style="list-style-type: none"> • Without Compensation's (WOC) Last Name • Without Compensation's (WOC) Personal Phone Number • Without Compensation's (WOC) Personal Email Address • Without Compensation's (WOC) Work Email Address 	<ul style="list-style-type: none"> • Reason: To identify WOC • Reason: To contact WOC • Reason: To contact WOC • Reason: To contact WOC 	
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1.2 What are the sources of the information in the system?

These questions are related to privacy controls DI-1, Data Quality, and IP-1, Consent.

1.2a 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?

Information about the status of their case is collected directly from the veteran or dependent student.

1.2b 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 indicate why the system is using this source of data.

The SF - VITAL SRM system utilizes ID.me to authenticate users' identity for single sign on (SSO).

1.2c If the system creates information (for example, a score, analysis, or report), list the system as a source of information.

Not applicable for this system.

1.3 How is the information collected?

These questions are related to privacy controls DI-1, Data Quality, and IP-1, Consent.

1.3a 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 technologies used in the storage or transmission of information in identifiable form?

SF- VITAL SRM collects the data on veteran and dependent student cases directly from the veteran or dependent student.

1.3b 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.

The system will not include information collected on a form subject to the Paperwork Reduction Act (PRA).

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

These questions are related to privacy controls DI-1, Data Quality, and DI-2, Data Integrity and Integrity Board.

1.4a 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.

Accuracy of the system data is managed internally and relies upon efficient daily operational processes.

1.4b 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.

Not applicable for this application.

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 Privacy Act of 1974, as amended, 5 U.S.C. § 552a, establishes a code of fair information practices that govern the collection, maintenance, use, and dissemination of information about individuals that are maintained in systems of records by federal agencies. The SORN for the system

states the authority of maintenance of the system listed in question 1.1 falls under the following: “National Patient Databases-VA” (121 VA10). [2023-07638.pdf](#) (govinfo.gov). The authority in the SORN is 38 U.S.C 501.

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. (Work with your System ISSO to complete this section)

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:

Inclusion of PII/PHI privacy data means the opportunity for unauthorized access. Lack of appropriate controls to securing case data may result in identity theft and distrust.

Mitigation:

The SF – VITAL SRM system encompasses data security rules assigned to determine which data users can access and how this data can be accessed (view, add/edit, delete). Sharing models define company-wide defaults and data access based on a role hierarchy. Security can be applied at the:

- Record level – which matters, documents and other records a user can access and how these can be accessed.
- Screen level – which screens or data on a record can be accessed and how these can be accessed.
- Field level – which fields on a matter or other type of record a user can access and how these can be accessed.

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.

1. Veteran's SSN Last 4 – used for identification
2. Veteran's Birthdate – used for identification
3. Veteran's First Name – used for identification
4. Veteran's Last Name – used for identification
5. Veteran's Personal Phone Number – used for contact/communication
6. Veteran's Personal Email address – used for contact/communication
7. Dependent's First Name – used for identification
8. Dependent's Last Name – used for identification
9. Dependent's Personal Phone Number – used for contact/communication
10. Dependent's Personal Email Address – used for contact/communication
11. Without Compensation's (WOC) First Name – used for identification
12. Without Compensation's (WOC) Last Name – used for identification
13. Without Compensation's (WOC) Personal Phone Number – used for contact/communication
14. Without Compensation's (WOC) Personal Email Address – used for contact/communication
15. Without Compensation's (WOC) Work Email Address – used for contact/communication

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

These questions are related to privacy controls DI-1, Data Quality, DI-2, Data Integrity and Integrity Board, and SE-1, Inventory of Personally Identifiable Information.

2.2a 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.

SF – VITAL SRM system may use Salesforce functionality to analyze and create reports on the caseload and outcomes for social workers and staff. The reports created will not individually identify veteran students.

2.2b 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.

The VITAL SRM information will not be included in the Veteran's VHA medical record.

2.3 How is the information in the system secured?

These questions are related to security and privacy controls SC-9, Transmission Confidentiality, and SC-28, Protection of Information at Rest.

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

Data in transit are protected by HTTPS site-to-site encryption. PII data are encrypted at rest with Salesforce Shield encryption.

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

SSN is PII data, encrypted at rest with Salesforce Shield encryption. Only VA employees with a business need will have the record view based on security levels.

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

Salesforce –VITAL SRM is an encrypted secure system. User roles in SF – VITAL SRM determine who has visibility into PII/PHI.

2.4 PRIVACY IMPACT ASSESSMENT: Use of the information.

*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.

2.4a How is access to the PII determined?

Strict control measures are enforced to ensure that access to and disclosure are limited to a need-to-know based on official duties. Access to the computerized information is limited by means of passwords and authorized user identification codes.

2.4b Are criteria, procedures, controls, and responsibilities regarding access documented?

Yes, controls are in place to ensure data is used and protected in accordance with legal requirements, VA policies, and VA's stated purpose for using the data. Controls include mandatory training completion for all employees, volunteers, and contractors. Additionally, audits are performed to ensure information is accessed and retrieved appropriately. VA and Salesforce have implemented required security and privacy controls for Federal information systems and organizations according to NIST SP 800-53 and VA Handbook 6500, Risk Management Framework for VA Information Systems. Per the approval of the Acting Assistant Secretary for Information Technology [the VA Authorizing Official (AO)]. VA Records Management Policy and the VA Rules of Behavior in Talent Management System (TMS) govern how Veterans' information is used, stored, and protected.

2.4c Does access require manager approval?

Yes, managers must approve any new users accessing the system.

2.4d Is access to the PII being monitored, tracked, or recorded?

Yes, VA Identify and Access Management (IAM) systems verify credentials and collect audit logs based on access requested and may contain PII that might have been captured to authenticate to the resource.

2.4e Who is responsible for assuring safeguards for the PII?

Accessibility to data is granted based on the permission sets and role-based hierarchy applied based on FedRAMP Salesforce Gov Cloud Plus platform. Account creation is managed and offered through VA via two factor authentication (2FA) Personal Identity Verification (PIV) card and/or Access VA. Single Sign On external (SSOe) is used to provide credential access to VA modules/communities residing in the Salesforce application, the determinant of access is organizational affiliation rather than personal identity. For some module(s) the required organizational e-mail confirmation and multi-factor authentication (MFA) will be enforced (IAL1), but no identity proofing (IAL2) and vice versa. The managers will reject any applications from individuals who do not work with them, do not require access or are not using the correct e-mail address. IAM systems verify credential and collect audit logs based on access requested and may contain PII that might have been captured into order to authenticate to the resource.

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*

The following data is retained by SF – VITAL SRM:

- Veteran’s SSN Last 4 – used for identification
- Veteran’s Birthdate – used for identification
- Veteran’s First Name – used for identification
- Veteran’s Last Name – used for identification
- Veteran’s Personal Phone Number – used for contact/communication
- Veteran’s Personal Email address – used for contact/communication
- Dependent’s First Name – used for identification
- Dependent’s Last Name – used for identification
- Dependent’s Personal Phone Number – used for contact/communication
- Dependent’s Personal Email Address – used for contact/communication
- Without Compensation’s (WOC) First Name – used for identification
- Without Compensation’s (WOC) Last Name – used for identification
- Without Compensation’s (WOC) Personal Phone Number – used for contact/communication
- Without Compensation’s (WOC) Personal Email Address – used for contact/communication
- Without Compensation’s (WOC) Work Email Address – used for contact/communication

3.2 How long is information retained?

*In some cases VA may choose to retain files in active status and archive them after a certain period of time. State active file retention periods, as well as archived records, in number of years, for the information and record types. **For example, financial data held within your system may have a different retention period than medical records or education records held within your system, please be sure to list each of these retention periods.** The VA records officer should be consulted early in the development process to ensure that appropriate retention and destruction schedules are implemented. If the system is using cloud technology, will it be following the NARA approved retention length and schedule? This question is related to privacy control DM-2, Data Retention and Disposal.*

Records in this system are retained and disposed of in accordance with the schedule approved by the Archivist of the United States, General Records Schedule, 5.2, item 020.

The information is retained following the policies and schedules of VA’s Records Management Service, General Control Schedule 10-1 can be found at the following link:

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

3.3 Has the retention schedule been approved by the VA records office and the National Archives and Records Administration (NARA)?

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. Please work with the system Privacy Officer and VA Records Officer to answer these questions.

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

3.3a Are all records stored within the system of record indicated on an approved disposition authority?

The information is retained following the policies and schedules of VA's Records management Service and NARA in "Department of Veterans Affairs Records Control Schedule 10-1". Record Control Schedule 10-1 can be found at the following link:

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

Records in this system are retained and disposed of in accordance with the schedule approved by the Archivist of the United States, General Records Schedule, 5.2, item 020.

3.3b Please indicate each records retention schedule, series, and disposition authority.

SFGCP complies with all VA retention and disposal procedures specified in VA Handbook 6300 and VA Directive 6500. Records contained in the Salesforce FedRAMP cloud will be retained if the information is needed in accordance with a NARA-approved retention period. VA manages Federal records in accordance with NARA statutes including the Federal Records Act (44 U.S.C. Chapters 21, 29, 31, 33) and NARA regulations (36 CFR Chapter XII Subchapter B). SFGCP records are retained according to the Record Control Schedule 10-1 Section 4 (Disposition of Records).

Request for Records Disposition Authority. Disposition Authority: DAA-0015-2013-0004.

https://www.archives.gov/files/records-mgmt/rcs/schedules/departments/departments-of-veterans-affairs/rg-0015/daa-0015-2013-0004_sf115.pdf.

3.4 What are the procedures for the elimination or transfer of SPI?

Explain how records are destroyed, eliminated or transferred to NARA at the end of their mandatory 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.

All electronic storage media used to store, process, or access records will be disposed of in adherence with the VA Directive 6500. (https://www.va.gov/vapubs/search_action.cfm?dType=1).

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

SF—VITAL SRM does not use PII information of the users stored in this application for research, testing or training. Users accessing the system would have to undergo basic Privacy training such as, Privacy and Information Security Awareness and Rules of Behavior and information security training annually.

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. (Work with your System ISSO to complete all Privacy Risk questions inside the document this section).

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 risk associated with longer retention time. The system could exceed the retention times to fulfill the VA mission. With longer retention times, the system is at a greater risk of data breach.

Mitigation:

By adhering to the data retentions times, Salesforce – VITAL SRM System mitigates the risk posed for information maintained in the system. VA Directive 6500 Cybersecurity Program serves as the authoritative source for addressing and managing a cybersecurity breach or attack (also known as a cyber incident) to contain and limit the damage.

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.

Data Shared with Internal Organizations

<i>List the Program Office or IT System information is shared/received with</i>	<i>List the purpose of the information being shared/received with the specified program office or IT system</i>	<i>List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program Office or IT system</i>	<i>Describe the method of transmittal</i>
ID.me	Authentication of Peer Mentors to allow them access to VITAL - SRM	<ul style="list-style-type: none"> • Veteran's First Name • Veteran's Last Name • Veteran's Personal Phone Number • Veteran's Personal Email Address • Dependent's First Name • Dependent's Last Name • Dependent's Personal Phone Number • Dependent's Personal Email Address 	Data is provided via the AccessVA SAML response when authenticating; Either HTTPS or site-to-site

<i>List the Program Office or IT System information is shared/received with</i>	<i>List the purpose of the information being shared /received with the specified program office or IT system</i>	<i>List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program Office or IT system</i>	<i>Describe the method of transmittal</i>
		<ul style="list-style-type: none"> • Without Compensation's (WOC) First Name • Without Compensation's (WOC) Last Name • Without Compensation's (WOC) Personal Phone Number • Without Compensation's (WOC) Personal Email Address • Without Compensation's (WOC) Work Email Address 	encryption will be used

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. (Work with your System ISSO to complete all Privacy Risk questions inside the document this section).

This question is related to privacy control UL-1, Internal Use.

Follow the format below:

Privacy Risk:

There is a potential loss of information due to theft or destruction with the sharing of information with the listed internal systems.

Mitigation:

Release of PII to unauthorized individuals is prohibited by the Privacy standards mandated to all VA employees, affiliates, trainees, volunteers, and contractors. Both contractor and VA employees are required to take Privacy, Health Insurance Portability and Accountability Act (HIPAA), and information security training annually. Safeguards are implemented to ensure data is not sent to unauthorized VA employees, including employee security and privacy training, and required reporting of suspicious activity. Use of secure passwords, access for need-to-know basis, Personal Identification Verification (PIV) Cards, Personal Identification Numbers (PIN), encryption, and access authorization are all measures that are utilized for the system.

Section 5. External Sharing/Receiving and Disclosure

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

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

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

NOTE: 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

<i>List External Program Office or IT System information is shared/received with</i>	<i>List the purpose of information being shared / received / transmitted with the specified program office or IT system</i>	<i>List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program or IT system</i>	<i>List the legal authority, binding agreement, SORN routine use, etc. that permit external sharing (can be more than one)</i>	<i>List the method of transmission and the measures in place to secure data</i>
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: Not applicable for this system.

Mitigation: Not applicable for this system.

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 6.1 on the last page of the document. Also provide notice given to individuals by the source system (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?

These questions are 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.

6.1a 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, Notice of Privacy Practice provided to individuals for VHA systems. If notice was provided in the Federal Register, provide the citation.

https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=9946

explains the collection and use of protected health information to individuals receiving health care from VA. The NOPP is mailed every three years or when there is a major change to all enrolled Veterans. Non-Veterans receiving care are provided the notice at the time of their encounter.

This Privacy Impact Assessment (PIA) also serves as notice as required by the eGovernment Act of 2002, Pub.L. 107–347 §208(b)(1)(B)(iii), the Department of Veterans Affairs “after completion of the [PIA] under clause (ii), make the privacy impact assessment publicly available through the website of the agency, publication in the Federal Register, or other means.”

Notice is also provided in the Federal Register with the publication of the SORN.

6.1b If notice was not provided, explain why. If it was provided, attach a copy of the current notice.

Notice is provided as stated above.

6.1c 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.

The VHA Notice of Privacy Practice (NOPP) is a document which explains the collection and use of protected health information to individuals receiving health care from VA. The NOPP is mailed every three years or when there is a major change to all enrolled Veterans. Non-Veterans receiving care are provided the notice at the time of their encounter. This Privacy Impact Assessment (PIA) also serves as notice as required by the eGovernment Act of 2002, Pub. L. 107–347 §208(b)(1)(B)(iii), the Department of Veterans Affairs “after completion of the [PIA] under clause (ii), make the privacy impact assessment publicly available through the website of the agency, publication in the Federal Register, or other means.” A Privacy Act Statement is provided on all forms that collect information that will be maintained in a privacy act system of records. The statement provides the purpose, authority and the conditions under which the information can be disclosed. Notice is provided in the SORN.

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.

Yes, a veteran or dependent student is responsible for adding their own information and can refuse to consent to participating in the SF—VITAL SRM Program. No penalty will occur, and veteran benefits will not be affected or denied.

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.

Other than refusing to participate, individuals do not have a right to consent to particular uses of the information or to review or to contest the information in this system because the system is only used for the express purpose of tracking and analyzing the details of the VITAL SRM program.

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. (Work with your System ISSO to complete all Privacy Risk questions inside the document this section).

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:

Risk is associated with individuals being unaware the system Salesforce – VITAL SRM System exists within the Department of Veterans Affairs.

Mitigation:

The VA mitigates this risk by providing the public with notice that the system exists, as discussed in detail in question 6.1.

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?

These questions are related to privacy control IP-2, Individual Access, and AR-8, Accounting of Disclosures.

7.1a 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.

As per the SORN, [National Patient Databases-VA'' \(121VA10\). 2023-07638.pdf](#) (govinfo.gov), individuals seeking information on the existence and content of records in this system pertaining to them should contact the system manager in writing as indicated below or write or visit the VA facility location where they normally receive their care. A request for access to records must contain the requester's full name, address, and telephone number, be signed by the requester and describe the records sought in sufficient detail to enable VA personnel to locate them with a reasonable amount of effort.

SYSTEM MANAGER(S): Officials responsible for policies and procedures: Chief Officer for Health Informatics, Department of Veterans Affairs, 810 Vermont Avenue NW, (105), Washington, DC 20420. Officials maintaining this system of records: Director, National Data Systems, Austin Information Technology Center, 1615 Woodward Street, Austin, Texas 78772. Telephone number 512-326-6780 (this is not a toll-free number).

7.1b 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).

This system is not exempt from the Privacy Act.

7.1c 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.

Not applicable to this system.

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.

Inaccurate or erroneous information is corrected by manual input by VA employees or representatives. Contact VITAL Program Manager Mr. Dennis Ahern, PhD, Dennis.Ahern@va.gov or (801) 828-6787.

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

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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 will be made aware of the procedure for correcting their information when they agree to join the VITAL program.

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

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

If individuals are not successful in having inaccurate or erroneous information corrected by contacting VITAL SRM Program Manager D. Aaron Ahern, PhD at Dennis.Ahern@va.gov or (801) 828-6787, they may escalate their inquiry to Steven Allen, Clinic Psychologist at the Salt Lake City VAMC at (801) 582-1565 x 2390 or email steven.allen@va.gov.

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.** (Work with your System ISSO to complete all Privacy Risk questions inside the document this section).*

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:

Risk is associated with individuals having no proper guidance regarding access, redress and correction of their information being captured by VITAL SRM.

Mitigation:

By publishing this PIA and the applicable SORN, the VA makes the public aware of the information being captured by the Salesforce – VITAL SRM system.

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?

These questions are related to privacy control AR-7, Privacy-Enhanced System Design and Development.

8.1a Describe the process by which an individual receives access to the system.

Managers must approve the VA employees accessing/ requiring to access the SF – VITAL SRM application. The access to the application the manager/ sponsor should provide a description of the user needs, user’s role, and security caveats that apply to the user. The roles will be governed by the permission sets that allow field level control of the information and data.

Per VA Directive 6500, 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.

8.1b 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?

The VA 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 are performed through the use of Talent Management System (TMS).

The Salesforce Digital Transformation Center (DTC) contractor team supports the VA Salesforce production environment and as such has access to the VA Salesforce system and data contained therein. This includes PII and VA Sensitive Information. The user roles will be governed by permission sets that allow field level control of the information and data. This information is documented in the user provisioning process with the Digital Transformation Center.

8.1c 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.

Role-based hierarchy of profiles and permission sets are applied for users accessing the platform. Only authorized VA users can access this tool. Users access the SF – VITAL SRM application using Single Sign On (SSO) and two factor authentication to log in. Additionally, field audit trails and event monitoring provided by Salesforce platform assists in ensuring only assigned users have access to specific records within SF – VITAL SRM application.

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.

The Salesforce Digital Transformation Center (DTC) contractor team supports the VA Salesforce production environment and as such has access to the VA Salesforce system and data contained therein. This includes PII and VA Sensitive Information. 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). The Salesforce DTC team will maintain users, update applications and components, introduce new functionality, govern deployment activities, and ensure user operability. The Salesforce DTC members are not primary users VA Salesforce. The ISO will monitor and review VA Salesforce related support contracts on a regular basis to ensure no gaps in support for the users. Developers do not have access to production PII.

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.

General Training includes: VA Privacy and Information Security Awareness and Rules of Behavior, TMS 10203 - Privacy and Health Insurance Portability and Accountability Act (HIPPA), VA On-boarding enterprise-wide training, and annual information security training. After the user's initial acceptance of the Rules, the user must reaffirm their acceptance annually as part of the privacy and security awareness training. Acceptance is obtained via electronic acknowledgment and is tracked through the TMS system.

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

8.4a If Yes, provide:

1. *The Security Plan Status:* Approved
2. *The System Security Plan Status Date:* 09/13/2022
3. *The Authorization Status:* Active
4. *The Authorization Date:* 09/30/2021
5. *The Authorization Termination Date:* 08/07/2023
6. *The Risk Review Completion Date:* 09/23/2021
7. *The FIPS 199 classification of the system (LOW/MODERATE/HIGH):* Moderate

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

8.4b If No or In Process, provide your **Initial Operating Capability (IOC) date**.

This is not applicable.

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), Desktop as a Service (DaaS), Mobile Backend as a Service (MBaaS), Information Technology Management as a Service (ITMAaS). 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. (Refer to question 3.3.1 of the PTA)

Yes, the Salesforce – VITAL SRM System utilizes Salesforce Gov Cloud Plus. Salesforce Government Cloud Plus is hosted in the AWS GovCloud. The Salesforce Government Cloud Plus (SFGCP-E) is built on the underlying Salesforce Force.com that is hosted in a FedRAMP Certified FISMA High environment which is in the Amazon Web Services (AWS) GovCloud West. This software utilizes the PaaS Service of Salesforce Gov Cloud Plus.

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). (Refer to question 3.3.2 of

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

Yes, VA has full ownership of the PII/PHI that will be shared through the Salesforce – VITAL SRM System. Contract agreement “Salesforce Subscription Licenses, Maintenance and Support”, Contract Number: NNG15SD27B.

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.

Ancillary data is not collected by Salesforce. VA has full ownership over the data stored in the SF – VITAL SRM.

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.

VA has full authority over data stored in Salesforce – VITAL SRM.

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).

The system does not utilize 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
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.

Privacy Officer, Nancy Katz-Johnson

Information System Security Officer, James Boring

Information System Owner, Mike Domanski

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).

[VA Privacy Policy](#)

HELPFUL LINKS:

Record Control Schedules:

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

General Records Schedule 1.1: Financial Management and Reporting Records (FSC):

<https://www.archives.gov/files/records-mgmt/grs/grs01-1.pdf>

National Archives (Federal Records Management):

<https://www.archives.gov/records-mgmt/grs>

VHA Publications:

<https://www.va.gov/vhapublications/publications.cfm?Pub=2>

VA Privacy Service Privacy Hub:

<https://dvagov.sharepoint.com/sites/OITPrivacyHub>

Notice of Privacy Practice (NOPP):

[VHA Notice of Privacy Practices](#)

[VHA Handbook 1605.04: Notice of Privacy Practices](#)