



Privacy Impact Assessment for the VA IT System called:

WordPress VIP Go – Enterprise (2233)

VACO

Office of Information and Technology

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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.

Wordpress VIP Go Enterprise purpose is to migrate, launch, and manage new websites that will share public (non-protected) information - news, information, procedures, videos, and other related content -with a variety of external and internal stakeholders to include but not limited to prospective employees, potential business partners, current employees, and the media. The purpose of using WordPress VIP, and the WordPress platform, is to allow for more modern, easily maintainable, presentation of information to stakeholders. The current content management system and template are **outdated**, and this platform will be more representative of the technology innovations that are taking place – to include SaaS and Cloud services hosted on Automatic’s infrastructure – and sharing that information with potential new employees, partners, and the media. These new websites (e.g., digital.va.gov) will be providing that information and will be designed to meet these requirements. The implementation of the FedRAMP moderate environment will allow intranet websites to move to this environment as well. Sites that require protected areas

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.

WordPress VIP Go – Enterprise- Office of Information and Technology

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

Wordpress VIP Go Enterprise purpose is to migrate, launch, and manage new websites that will share public (non-protected) information - news, information, procedures, videos, and other related content - with a variety of external and internal stakeholders to include but not limited to prospective employees, potential business partners, current employees, and the media. The purpose of using WordPress VIP, and the WordPress platform, is to allow for more modern, easily maintainable, presentation of information to stakeholders. The current content management system and template are outdated, and this platform will be more representative of the technology innovations that are taking place – to include SaaS and Cloud services hosted on Automatic’s infrastructure – and sharing that information with potential new employees, partners, and the media. These new websites (e.g., digital.va.gov) will be providing that information and will be designed to meet these requirements. The implementation of the FedRAMP moderate environment will allow intranet websites to move to this environment as well. Sites that require protected areas.

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

VA Controlled / non-VA Owned and Operated

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 estimate is approximately 50,000 number of veterans, members of the public contractors and VA employees.

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

Name and email address for authentication, access management, auditing, and customer service.

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

Data is not shared outside of the system.

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 data is stored in systems managed by the vendor in up to four cloud environments.

3. Legal Authority and SORN

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

VA Employee and VA Contractor: 5 U.S.C. 301; 38 U.S.C. 501; 40 U.S.C. 11331; 44 U.S.C. 3544; Executive Order 9397; Homeland Security Presidential Directive 12; Federal Information Processing Standard 201-1

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?

VA employee and VA Contractor data is retrieved when removing permissions to the system. SORN 146VA005Q3 Department of Veterans Affairs Identity Management System (VAIDMS)-VA (3/26/2008) <https://www.govinfo.gov/content/pkg/FR-2008-03-26/pdf/E8-6120.pdf>

D. System Changes

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

No this would not change any business process.

K. Whether the completion of this PIA could potentially result in technology changes

No this would not change any technology.

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

PII Mapping of Components (Servers/Database)

Wordpress VIP Go Enterprise consists of 0 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 Wordpress VIP Go Enterprise 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
N/A					

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?

Veterans, dependents, VA contractors, VA Employees and members of the public.

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.

No information is collected from any other source.

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

This system does not create information.

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?

The information is collected directly from an individual.

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 information is not collected on a form.

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.

This system does not check for accuracy it is dependent on the user.

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.

This system does not check for accuracy it is dependent on the user.

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

Veteran and dependent, and members of the public data Title 38, United States Code, Section 501, VA Department of the Secretary, 38 U.S. Code § 501 - Rules and regulations and Section 7304, Veteran Health Administration USC titled Regulations.

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: Collection of inaccurate email address

Mitigation: If the email address is not validated through proper domain identifiers it will be identified as SPAM and sent to the SPAM folder.

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.

For access control (staff) and comment attribution (public).

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.

If the email address is not validated through proper domain identifiers it will be identified as SPAM and sent to the SPAM folder.

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.

This system does not create new information.

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?

HTTPS encrypted

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

SSNs are not collected

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

Access controls are in place to prevent access. All others safeguards related to data storage are outlined by the SaaS vendor within the ATO.

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?

Submission to a SharePoint form, which is routed to a supervisor then to Super Admin of the Wordpress VIP Go Enterprise system.

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

Yes, see Wordpress User Request document

2.4c Does access require manager approval?

Yes

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

Yes, in accordance with the Wordpress User Document request.

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

Wordpress VIP Go Enterprise (Contractor)

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 and personal email address

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.*

Temporary. Destroy when 90 days old, but longer retention is authorized if required for business use.

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?

Yes, The General Record Schedule for Public Affairs Records: grs06-4.pdf (archives.gov)

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

GENERAL RECORDS SCHEDULE 6.4: Public Affairs Records- 020 Public correspondence and communications not requiring formal action. Records related to correspondence and communications, including comments, to and from the public that require no formal response or action. Includes: • comments the agency receives but does not act upon or that do not require a response, such as: write-in campaigns personal opinions on current events or personal experiences routine complaints or commendations anonymous communications suggestion box comments public correspondence addressed to another entity and copied to the agency or that the agency receives in error comments posted by the public on an agency website that do not require response or that the agency does not collect for further use • communications from the public that the agency responds to but takes no formal action on • agency postings on social media accounts and email blasts that consist of information released or captured elsewhere, provided the agency also captures the posting Note 1: For requests for information, publications, photographs, and other information involving no administrative action, policy decision, or special compilations or research, use GRS 4.2, item 010. Note 2: The agency must schedule any correspondence or communications with the public not described in this GRS, which includes that of high-level officials. Exclusion 1: Correspondence relating to a specific case or action is not considered public correspondence and should be filed and maintained with the appropriate case or action file. Exclusion 2: Public comments that the agency takes action on or uses to take action are not covered by this GRS. Temporary. Destroy when 90 days old, but longer retention is authorized if required for business use. DAA-GRS-2016-0005-0002

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.

Manually deleted at end of contract the information would be transferred to the new system.

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.

This system does not use PII for research, testing or training.

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: Retaining records longer than required.

Mitigation: Records are reviewed and deleted when no longer needed.

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>
N/A			

4.2 PRIVACY IMPACT ASSESSMENT: Internal sharing and disclosure

Discuss the privacy risks associated with the sharing of information within the Department and what steps, if any, are currently being taken to mitigate those identified risks. (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: VA employee or contractor inappropriate access.

Mitigation: Quarterly review of access controls. VA Staff or contractor is required to revalidate their need to have access to the system every 90 days with supervisors' validation.

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: Inappropriate access by contractor or general public.

Mitigation: When inappropriate access is discovered the incident response team would be activated.

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.

A privacy notice is posted on the website at the collection point, copy of notice included in appendix A.

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

A privacy notice is posted. Attached in Appendix A.

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 comments section is for opinions and feedback on this particular article; this is not a customer support channel. If you are looking for assistance, please visit [Ask VA](#) or call 1-800-698-2411. Please, never put personally identifiable information (SSAN, address, phone number, etc.) or protected health information into the form — it will be deleted for your protection.

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, user can choose not to supply the comment.

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.

Yes, user can choose not to enter information.

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: General Public provides personal information not requested or required.

Mitigation: When moderated by VA Staff any comment that contains personal information would be deleted.

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.***

The General Public would submit a FOIA request at: <https://department.va.gov/foia/>

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 privacy system is not exempt.

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.

It is a Privacy Act 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.

Only VA Employees can correct their information through the access control process.

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.

Through the access control process.

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.

Quarterly review of access controls. VA Staff or contractor is required to revalidate their need to have access to the system every 90 days with supervisors' validation.

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: Inaccurate information in the system.

Mitigation: General public cannot correct their information, but System Admin has access to remove. This is self-entered and self-corrected prior to submission.

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.

Submission to a SharePoint form, which is routed to a supervisor then to Super Admin of the Wordpress VIP Go Enterprise system.

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?

No other agency users.

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.

Super Admin, Admin, Author, Editor, Contributor, Subscriber

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.

VA Contractors must abide by the contractor's security clause.

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.

TMS 10176 Privacy and information security and National rules of behavior.

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

8.4a If Yes, provide:

- 1. The Security Plan Status: Complete*
- 2. The System Security Plan Status Date: January 2023*
- 3. The Authorization Status: Awaiting for Authorization*
- 4. The Authorization Date: Awaiting Authorization*
- 5. The Authorization Termination Date: Awaiting Authorization*
- 6. The Risk Review Completion Date: Awaiting Risk Review*
- 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.

NA

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)

WordPress VIP Go is a Software as a Solution

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.

116-22-3-7630-0059. There are no provisions for the management of PII or PHI.

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.

The CSP does not collect ancillary information.

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.

There are no provisions for this in the contract.

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

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

No Robotics technology is not used.

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, Julie Drake

Information System Security Officer, Crystal White

Information System Owner, Scottie Ross

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).

Leave a comment

The comments section is for opinions and feedback on this particular article; this is not a customer support channel. If you are looking for assistance, please visit [Ask VA](#) or call 1-800-698-2411. Please, never put personally identifiable information (SSAN, address, phone number, etc.) or protected health information into the form — it will be deleted for your protection.

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](#)