



Privacy Impact Assessment for the VA IT System called:

# Benefits Integration Platform (BIP Assessing) Benefits, Appeals, and Memorials (BAM) Office of Information Technology (OIT)

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System Contacts:

*System Contacts*

	Name	E-mail	Phone Number
Privacy Officer	Rita Grewal	Rita.Grewal@va.gov	(202) 632-7861
Information System Security Officer (ISSO)	Joseph Facciolli	Joseph.Facciolli@va.gov	(215) 842-2000 x2012
Information System Owner	Tushar Dode	Tushar.Dode@va.gov	(215) 381-3044

## Abstract

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

Benefits Integration Platform (BIP) provides a container-based application platform in VA Enterprise Cloud (VAEC) AWS in which VA benefits, appeals, and memorials (BAM) and Federal Tax Information (FTI) applications can be hosted. In addition, BIP, as a General Support Systems (GSS), will further support VA minor application tenants by constraining the controls necessary for applications hosted on the platform. Federal Tax Information (FTI) is information provided by the Internal Revenue Service (IRS) to VA for use in determining award eligibility for claimants and is critical to the processing of claims by VA Veteran Service Representatives (VSRs). This system will implement the safeguards necessary for housing FTI in the cloud. The system, in use of the data, will be used to decommission several legacy Veterans Benefits Administration (VBA) systems and enable the Pension Automation system to implement an Application Programming Interface (API) to make income eligibility determinations. The system has been approved by the Internal Revenue Service (IRS) Office of Safeguards (memo FD698-FED-AWS GovCloud-L-031020) as adequately implementing the safeguards outlined in IRS Publication 1075 and in accordance with Internal Revenue Code §6103(p)(4).

## Overview

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

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

Benefits Integration Platform (BIP) is owned, built and managed by the benefits, appeals, and memorial (BAM) Program office in the Office of Information Technology (OIT).

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

Benefits Integration Platform (BIP) hosts minor applications in support of the BAM Program office mission to serve Veterans and their families through various services offered. As part of the BIP accreditation boundary, the Federal Tax Information (FTI) Secure Enclave provides a safeguarded repository to store FTI data to be used in claims processing such that several legacy systems may be decommissioned, including the Veterans Service Network (VETSNET) Modern Awards Processing-Development (MAP-D) and AWARDS applications along with the Legacy Document Repository component of Virtual VA.

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

Benefits Integration Platform (BIP) is owned, built and managed by the benefits, appeals, and memorial (BAM) Program office in the Office of Information Technology (OIT).

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

BIP hosts minor applications who will maintain their own Privacy documentation which will vary in information stored, clients, and affected individuals.. VA Business Stakeholders of the BIP minor applications have ownership rights over data. In the Secure Enclave, eligible Veterans and family members may apply for VA Pension benefits which rely on income to determine eligibility. These are poorer Veterans who need Pension benefits to supplement their income.

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

The FTI Secure Enclave will contain FTI data to support the pension claims process. FTI documents may include PII in the form of Social Security Number, address, name and financial information for Veterans and dependents.

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

Benefits Integration Platform (BIP) provides a container-based application platform in VAEC AWS in which VA benefits, appeals, and memorial (BAM) and Federal Tax Information (FTI) applications can be hosted. The platform leverages Red Hat OpenShift and Kubernetes clusters for container management and orchestration, which allows teams to develop, scale, and deliver modern, secure, and properly segmented (from a storage, network, and compute perspective) applications in a multi-tenant environment. The AWS Virtual Private Clouds (VPCs) within BIP are sequentially peered to allow connectivity between VPCs, which supports the promotion of container images from lower VPCs to higher VPCs. The peering is essential for DevOps and Agile methodologies and is locked down to only allow container images to be mirrored between registries in each VPC. BIP also leverages a suite of TRM approved COTS tools (e.g. Jenkins, SonarQube, Vault, Nexus, Consul) to help development teams deliver quickly and effectively. In addition, BIP, as a General Support Systems (GSS), will further support VA minor application tenants by constraining the controls necessary for applications hosted on the platform.

Minor applications and application programming interfaces (APIs) hosted on BIP Assessing and Secure Enclave on VAEC AWS include but are not limited to Vet Services Awards, Vet Services Ratings, Beneficiary and Fiduciary Field System(BFFS)/Veterans Benefit Management System (VBMS) Fiduciary, BIP Reference Person, Benefits Processing Data Service (BPDS), Benefits Security Services (BSS), Contention Classification Predictive Service (CCPS), Claim Automation Processor, Notes API, Veterans Benefit Management System (VBMS) Users API, Veteran API, Vet Services Claims, Compensation and Pension User Interface, Data Synchronization, Document Generator (DocGen), Enterprise Management Payment Workload and Reporting (eMPWR), FAS Notes, VBMS Transfer, Exam Destination, Exam Management, Fiduciary Service, FTI Capture, FTI File Repo, FTI Simple Object Access Protocol (SOAP), Integrated Benefits Services (IBS),

Memorial Benefits Management System (MBMS), Package Manager (Pac Man), Pension Automation, Records Research Center (RRC), VASRD, VBMS Correspondence (VBMS-C), and Veteran Enterprise File Services (VEFS).

- *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.*

BIP Assessing and the Secure Enclave is operated in a single Region of the VA Enterprise Cloud (VAEC) in Amazon Web Services (AWS) GovCloud, deployed across three Availability Zones. Security and privacy data held by a cloud provider is still required to meet the requirements under the privacy act. Federal agencies are required to identify and assess the risk to their PII, and to ensure security controls are implemented to provide adequate safeguards. Section C MM. of the contract references OMB Memorandum "Security Authorization of Information Systems in Cloud Computing Environments" FedRAMP Policy Memorandum.

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

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

The contract outlines Management of Security and Privacy Incidents in accordance with VA Handbook 6500.2. Based on determinations of independent risk analysis, the Contractor shall be responsible for paying to VA liquidated damages for affected individuals to cover the cost of providing credit protection services to affected individuals. CSPs are required to meet the same requirements when operating on behalf of the federal government

The secure enclave has been approved by the Internal Revenue Service (IRS) Office of Safeguards (memo FD698-FED-AWS GovCloud-L-031020) as adequately implementing the safeguards outlined in IRS Publication 1075 and in accordance with Internal Revenue Code §6103(p)(4). Legal authority for Federal Tax Information, to include identity information, be shared between Department of the Treasury/IRS and VA is codified in Internal Revenue Code §6103(l)(7), with identity information codified in §6103(b)(6). The ISA/MOU governing the information exchange between IRS and VA is codified in DART 52.

As for the Veteran eFolder upon which FTI documents will be available within, the Secretary of Veterans Affairs established guidelines pursuant to the authorities in and requirements of Title 38, United States Code, section 8111 (38 U.S.C. 5811 I), titled "Sharing of Department of Veterans Affairs and Department of Defense Health Care Resources," and the authorities contained under Title 10, United States Code, section 1104 (10 U.S.C. 1104), titled "Sharing of Resources with the Department of Veterans Affairs," which incorporates Title 31, United States Code, section 1535 (31 U.S.C. 51535), titled "Agency Agreements," also known as the "Economy Act." These guidelines assist in the implementation of these statutes.

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

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

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

Completion of this PIA is not anticipated to result in technology changes.

- If the system is in the process of being modified and a SORN exists, will the SORN require amendment or revision and approval? If the system is using cloud technology, does the SORN for the system cover cloud usage or storage?

The System of Record Notice (SORN) “VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records – VA” 58VA21/22/28 (July 19, 2012). This SORN can be found online at <http://www.gpo.gov/fdsys/pkg/FR-2012-07-19/pdf/2012-17507.pdf>

## Section 1. Characterization of the Information

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

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

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

If a requesting system receives information from another system, such as a response to a background check, describe what information is returned to the requesting system.

This question is related to privacy control AP-1, Authority To Collect, and AP-2, Purpose Specification.

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

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

Version Date: May 1, 2021

Tax Identification Number  
 Medical Record Number

Other Unique Identifying Information (list below)

Benefit Information  
 Relationship to Veteran

**PII Mapping of Components**

BIP’s Minor Applications consist of varying key components (databases) and document their data usage in their individual PIAs. The BIP FTI Secure Enclave consists of one key component, the safeguarded document repository. This component has been analyzed to determine if any elements of that component collect PII. The type of PII collected by the FTI Secure Enclave and the reasons for the collection of the PII are in the table below.

**PII Mapped to Components**

**Note:** Due to the PIA being a public facing document, please do not include the server names in the table.

*PII Mapped to Components*

Database Name of the information system collecting/storing PII	Does this system collect PII? (Yes/No)	Does this system store PII? (Yes/No)	Type of PII (SSN, DOB, etc.)	Reason for Collection/Storage of PII	Safeguards
Safeguarded Document Repository	Yes	Yes	<ul style="list-style-type: none"> <li>FTI documents and data have Veteran PII as provided by the IRS. This may include: SSN, address, name, email address, date of birth, contact numbers, tax identification numbers, and financial information for both</li> </ul>	Eligibility determinations within the claims processing lifecycle.	Safeguards in accordance with IRS Publication 1075 will be implemented. Approval from IRS that the solution will provide adequate safeguards was granted.

			Veterans and their dependents.		
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**1.2 What are the sources of the information in the system?**

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

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

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

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

BIP Minor Applications manage their own information sources of data. In the Secure Enclave, Veteran Service Representatives (VSRs) processing pension claims sometimes use FTI data to make income eligibility determinations for Veteran benefits. In the current process the FTI data is uploaded and stored in the Legacy Document Repository (LDR) component of Virtual VA, and in the future process these documents will be stored in the FTI Secure Enclave.

**1.3 How is the information collected?**

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

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

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

BIP Minor Applications manage their information collections processes. In the Secure Enclave, FTI information is provided directly from IRS or through a subsidiary at the Social Security Administration (SSA) and is accessible in the VETSNET Share application. From Share, users will upload documents to the FTI Secure Enclave.

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

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

*If the system checks for accuracy by accessing a commercial aggregator of information, describe this process and the levels of accuracy required by the contract.*

*This question is related to privacy controls DI-1, Data Quality, and DI-2, Data Integrity and Integrity Board.*

BIP Minor Applications manage their data validation processes. In the Secure Enclave, standard operating procedures (SOPs) are in place at the Pension Centers to perform quality control on data related to each claim. The claim level quality control checks are performed before award, and random claim samples are also collected monthly for further review by quality control specialists.

### **1.5 What specific legal authorities, arrangements, and agreements defined the collection of information?**

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

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

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

5 U.S.C. § 552a, Freedom of Information Act of 1996, As Amended By Public Law No. 104---231, 110 Stat. 3048

5 U.S.C. § 552a, Privacy Act of 1974, As Amended

IRS memo FD698-FED-AWS GovCloud-L-031020

For the Secure Enclave, legal authority for Federal Tax Information, to include identity information, be shared between Department of the Treasury/IRS and VA is codified in Internal Revenue Code §6103(l)(7), with identity information codified in §6103(b)(6). The ISA/MOU governing the information exchange between IRS and VA is codified in DART 52.

As for the Veteran eFolder in Virtual VA (VVA) within which FTI documents will be available, the Secretary of Veterans Affairs established guidelines pursuant to the authorities in and requirements of Title 38, United States Code, section 81 11 (38 U.S.C. 5811 I), titled "Sharing of Department of Veterans Affairs and Department of Defense Health Care Resources," and the authorities contained under Title 10, United States Code, section 1104 (10 U.S.C.5 1104), titled "Sharing of Resources



with the Department of Veterans Affairs," which incorporates Title 31, United States Code, section 1535 (31 U.S.C. 51 535), titled "Agency Agreements," also known as the "Economy Act." These guidelines assist in the implementation of these statutes.

### **1.6 PRIVACY IMPACT ASSESSMENT: Characterization of the information**

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

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

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

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

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

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

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

Follow the format below when entering your risk assessment:

**Privacy Risk:** The Secure Enclave stores SPI on Veterans and dependents to support claims processing. If this information were breached or accidentally released to inappropriate parties or the public, it could result in potential personal and/or emotional harm to the friends/relatives of the individuals whose information is contained in the system.

#### **Mitigation:**

The FTI Secure Enclave implements the Safeguards described in IRS Publication 1075 for protection of FTI. Additionally, the Department of Veterans Affairs is careful to only collect the information necessary to determine eligibility of those Veterans and dependents that file Pension claims. By only collecting the minimum necessary information to process each request, the VA can better protect the individual's information. Records are only released only to authorized VSRs working the claim.

The Department of Veterans Affairs applies consistent security guidance to centralize and standardize account management, network access control, database security, vulnerability scanning and remediation.

## Section 2. Uses of the Information

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

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

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

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

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

In the secure enclave, FTI information as uploaded by users from use in income eligibility decisions will be stored along with letters sent to claimants that contain FTI data. PII data as collected is used during the claims process to verify the identity of the claimant and Veteran. Each use is documented below:

- Name - Used to identify the claimant or Veteran.
- Social Security Number - May be supplied by the IRS to uniquely identify the claimant or Veteran.
- Date of Birth - May be supplied by the IRS to uniquely identify the claimant or Veteran.
- Personal Mailing Address – May be included in Tax Return information provided by IRS. Also will be included in FTI letters to the claimant or Veteran.
- Personal Phone Number(s) - May be included in Tax Return information provided by IRS.
- Personal Fax Number - May be included in Tax Return information provided by IRS.
- Personal Email Address - May be included in Tax Return information provided by IRS.
- Emergency Contact Information - May be included in Tax Return information provided by IRS.
- Financial Account Information – Supplied by the IRS to make income eligibility determinations within the Pension claims process.
- Tax Identification Number - May be supplied by the IRS to uniquely identify the claimant or Veteran.

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

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

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

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

BIP does not perform any kind of data analysis or run analytic task.  
Data will only be stored in the secure enclave; no new data will be analyzed or created.

### **2.3 How is the information in the system secured?**

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

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

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

BIP protects the confidentiality and integrity of the transmitted information within the system boundary. BIP Platform utilizes Amazon Elastic Block Storage (EBS) for platform component storage, including platform operational state from the distributed state model, as well as for log files and log aggregators that could contain PII/PHI from BIP minor applications. Amazon EBS provides encryption of the volumes.

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

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

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

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

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

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

VA Handbook 6500.2, Management of Breaches Involving Sensitive Personal Information establishes procedures for VA management of breaches involving VA Sensitive Personal Information (SPI). The Handbook implements 38 U.S.C. §§ 5721-28 and 38 C.F.R. §§ 75.111-119; section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act (codified at 42 U.S.C. § 17932) and the Health Insurance Portability and Accountability Act (HIPAA) Breach Notification Rule at 45 C.F.R. §§ 164.400-414; the Privacy Act of 1974; and Office of Management and Budget (OMB) Memorandum 07-16, Safeguarding Against and Responding to the Breach of Personally Identifiable Information.

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

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

In the secure enclave, access to the PII is determined by authentication and authorization mechanisms implemented in the Virtual VA (VVA) system. The VVA PIA is maintained by the VVA Project Manager, Mike Litriello, and can be obtained through him. Relevant excerpt from the VVA PIA below:

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

## Section 3. Retention of Information

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

### 3.1 What information is retained?

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

In the secure enclave, all data is retained and stored in the repository. BIP follows VA Directive 6309 to ensure that the collection of information is needed; is not unnecessarily duplicative; reduces, to the extent feasible, the burden on respondents; is written in clear and understandable terms; is to be

implemented in a way consistent with existing reporting and record keeping practices and that the records are retained for the length of time outlined within the record keeping requirement (General Records Schedule or Records Control Schedule). System record keeping practices and that the records are retained for the length of time outlined within the record keeping requirement (General Records Schedule or Records Control Schedule). VA follows its Record Control Schedule and the NARA General Records Schedule (GRS) for records retention and disposition.

### **3.2 How long is information retained?**

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

*The VA records officer should be consulted early in the development process to ensure that appropriate retention and destruction schedules are implemented.*

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

Secure enclave information retention requirements are governed by the Virtual VA (VVA) system from which FTI documents are accessed. The VVA PIA is maintained by the VVA PM, Mike Littriello, and can be obtained through him. Relevant excerpt from the VVA PIA below: Currently the retention period on documents is set to “0”: documents never get deleted. This is because requirements were structured to adhere to the paper requirements and for Virtual VA to become of a system of record. 74 FR 29275 published June 19, 2009.

<http://edocket.access.gpo.gov/2009/pdf/E9-14302.pdf>

Virtual VA (VVA) is hosted at Milwaukee and St. Paul Regional Offices and the Philadelphia Information Technology Center (PITC). The response below explains how long each data center retains information:

**PHILADELPHIA:** Regarding VVA Scanning Paper Dispositions, the Philadelphia PMC completes the following process after documents are scanned and verified in VVA/LCM/VBMS:

- If the scanned document is an original received by a claimant, the physical document is mailed back to the claimant (i.e. original copy of a DD-214, original Marriage or Death Certificate, or other types of original discharge or personal/family paperwork).
- If the document is FTI related, the physical copies are logged and maintained in secured cabinets per VBA FTI guidelines.
- All other physical paperwork is logged and prepared for shredding based on the guideline provided under VBA 6300. Under this guidance, paperwork is recorded taken to the Regional Office Records Management Officer for proper disposal.

**ST. PAUL:** We hold the letters for 90 days after they have been verified in the system, the letters are held in a locked file cabinet then are sent to the records management officer and they are destroyed in a special shredder used only for FTI.

**MILWAUKEE:** In regard to VVA Scanning Paper Dispositions, the Milwaukee PMC completes the following process after documents are scanned and verified in VVA/LCM/VBMS:

- If the scanned document is an original received by a claimant, the physical document is mailed back to the claimant (i.e. original copy of a DD-214, original Marriage or Death Certificate, or other types of original discharge or personal/family paperwork).
- If the document is FTI related, the physical copies are logged and maintained in secured cabinets per VBA FTI guidelines (IRS Publication 1075).
- All other physical paperwork is logged and prepared for shredding based on the guidelines provided under M21-1V.iv.2.5 and VBA 6300. Under this guidance, paperwork is recorded and taken to the Regional Office Records Management Officer for proper disposal.

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

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

Information retention requirements are governed by the Virtual VA (VVA) system from which FTI documents are accessed. The VVA PIA is maintained by the VVA PM, Mike Littriello, and can be obtained through him. Relevant excerpt from the VVA PIA below:

- VBA Records Management, Records Control Schedule VB-1, Part 1, Section VII as authorized by NARA
- Compensation, Pension and Vocational Rehabilitation, Records Control Schedule VB-1 Part 1 Section XIII as authorized by NARA
- Education – Regional Processing Office, Record Control Schedule VB-1, Part 1, Section VII as authorized by NARA

**3.4 What are the procedures for the elimination of SPI?**

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

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

Electronic media sanitization, when the records are authorized for destruction (or upon system decommission), will be carried out in accordance with VA 6500.1 HB Electronic Media Sanitization. Paper documents are destroyed to an unreadable state in accordance with the Department of Veterans' Affairs VA Directive 6371, (April 8, 2014),

[http://www1.va.gov/vapubs/viewPublication.asp?Pub\\_ID=742&FTtype=2](http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=742&FTtype=2)

Electronic data and files of any type, including Protected Health Information (PHI), Sensitive Personal Information (SPI), Human Resources records, and more are destroyed in accordance with the **Department of Veterans' Affairs Handbook 6500.1, Electronic Media Sanitization** (November 3, 2008),

[http://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=416&FTType=2](http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=416&FTType=2). When required, this data is deleted from their file location and then permanently deleted from the deleted items, or Recycle bin. Magnetic media is wiped and sent out for destruction per VA Handbook 6500.1. Digital media is shredded or sent out for destruction per VA Handbook 6500.1.

Additionally, this system follows Field Security Service (FSS) Bulletin #176 dated April 9, 2014 for Media Sanitization Program, SOPs - FSS - All Documents as well as FSS Standard Operating Procedures (SOP) MP-6 Electronic Media Sanitization.

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

*Organizations often use PII for testing new applications or information systems prior to deployment. Organizations also use PII for research purposes and for training. These uses of PII increase the risks associated with the unauthorized disclosure or misuse of the information. Please explain what controls have been implemented to protect PII used for testing, training and research. Have policies and procedures been developed to minimize the use of PII for testing, training, and research? This question is related to privacy control DM-3, Minimization of PII Used in Testing, Training and Research*

PII collected by the FTI Secure Enclave is not used for research, training or testing.

### **3.6 PRIVACY IMPACT ASSESSMENT: Retention of information**

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

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

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

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

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

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

Follow the format below:

For the secure enclave, information retention requirements are governed by the Virtual VA (VVA) system from which FTI documents are accessed. The VVA PIA is maintained by the VVA PM, Mike Littriello, and can be obtained through him. Relevant excerpt from the VVA PIA below:

**Privacy Risk:** As described herein, support systems retain information until that work in progress is completed and data is committed to master systems and records. The master systems retain data on a permanent basis (beyond the actual death of the Veteran). If a master system is to be deactivated, critical information is migrated to the new system and the old system along with associated data is archived according to the application disposition worksheet. As such, SPI, PII or PHI may be held for long after the original record was required to be disposed. This extension of retention periods increases the risk that SPI may be breached or otherwise put at risk.

**Mitigation:** User access is not provided by VVA but by the ePAS process. The following are true of all VA information system users:

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

VVA does not create, adjust, or make documents in any way, but is simply a repository for other systems. If a document is submitted to VVA as redacted, it is input as redacted.

## 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 3.10 (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 shared/received with the Program Office or IT system</i>	<i>Describe the method of transmittal</i>
Content Manager (LCM)	LCM is the VVA component used by VSRs to access and upload the FTI data.	PII and FTI data.	HTTPS

**4.2 PRIVACY IMPACT ASSESSMENT: Internal sharing and disclosure**

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

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

Follow the format below:

**Privacy Risk:** The privacy risk associated with maintaining SPI is that this data may be disclosed to individuals who do not require access, which would increase the risk of the information being misused

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

**Section 5. External Sharing/Receiving and Disclosure**

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

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

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

**NOTE: Question 3.11 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 shared/received with the Program or IT system</i>	<i>List the legal authority, binding agreement, SORN routine use, etc. that permit external sharing (can be more than one)</i>	<i>List the method of transmission and the measures in place to secure data</i>
SSA	FTI received from SSA to make income eligibility decisions.	All FTI and PII from 1.1.	Internal Revenue Code §6103(1)(7), ISA/MOU DART 52	Uploaded by VSRs from SHARE.
IRS	FTI received from IRS to make income eligibility decisions.	All FTI and PII from 1.1.	Internal Revenue Code §6103(1)(7), ISA/MOU DART 52	Uploaded by VSRs from SHARE.

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

None.

## **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, as there is no sharing of information outside of VBA or VA with external parties.

**Mitigation:** Not applicable, as there is no sharing of information outside of VBA or VA with external parties.

## **Section 6. Notice**

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

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

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

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

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

System notice requirements are governed by the Virtual VA (VVA) system from which FTI documents are accessed. The VVA PIA is maintained by the VVA PM, Mike Littriello, and can be obtained through him. Relevant excerpt from the VVA PIA below:

The Department of Veterans Affairs does provide public notice that the system does exist. This notice is provided in 2 ways:

1) The System of Record Notice (SORN) “VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records – VA” 58VA21/22/28 (July 19, 2012). This SORN can be found online at <http://www.gpo.gov/fdsys/pkg/FR-2012-07-19/pdf/2012-17507.pdf>

2) This Privacy Impact Assessment (PIA) also serves as notice of the PITA Virtual VA system. 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.

## **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*

Responding to collection is voluntary; however, if information is not provided; then benefits may be 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*

Responding to collection is voluntary; therefore, consent of use is not applicable.

## **6.4 PRIVACY IMPACT ASSESSMENT: Notice**

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

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

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

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

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

Follow the format below:

System notice requirements for secure enclave are governed by the Virtual VA (VVA) system from which FTI documents are accessed. The VVA PIA is maintained by the VVA PM, Mike Littriello, and can be obtained through him. Relevant excerpt from the VVA PIA below:

**Privacy Risk:** There is a risk that members of the public may not know that the BIP Virtual VA system exists within the Department of Veterans Affairs.

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

## **Section 7. Access, Redress, and Correction**

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

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

*Cite any procedures or regulations your program has in place that allow access to information. These procedures, at a minimum, should include the agency's FOIA/Privacy Act practices, but may also include additional access provisions. For example, if your program has a customer satisfaction unit, that information, along with phone and email contact information, should be listed in this section in addition to the agency's procedures. See 5 CFR 294 and the VA FOIA Web page at <http://www.foia.va.gov/> to obtain information about FOIA points of contact and information about agency FOIA processes.*

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

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

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

VHA Handbook 1605.1 Appendix D ‘Privacy and Release Information’, section 7(b) states the rights of the Veterans to request access to review their records. VA Form 10-5345a, Individual's Request for a Copy of Their Own Health Information, may be used as the written request requirement. All requests to review must be received by direct mail, fax, in person, or by mail referral from another agency or VA office. All requests for access must be delivered to, and reviewed by the System Manager for the concerned VHA system of records, the facility Privacy Officer, or their designee. Each request must be date stamped and reviewed to determine whether the request for access should be granted.

## **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.*

From the VA’s FOIA Requests page:

Requestors should mail or fax their FOIA requests to the **Intake Center in Janesville, Wisconsin**, Department of Veterans Affairs - Claims Intake Center, **P.O. Box 4444** Janesville, WI 53547-4444, Fax: 844-531-7818 or DID: 608-373-6690.

## **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.*

An individual seeking information regarding access to and contesting of VA records may write, call or visit the nearest VA regional office. Address locations are listed in VA Appendix 1, as directed in the System of Record Notice (SORN) “VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records – VA” 58VA21/22/28 (July 19, 2012). This SORN can be found online at: <http://www.gpo.gov/fdsys/pkg/FR-2012-07-19/pdf/2012-17507.pdf>

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

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

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

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

An individual seeking information regarding access to and contesting of VA records may write, call or visit the nearest VA regional office. Address locations are listed in VA Appendix 1, as directed in the System of Record Notice (SORN) “VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records – VA” 58VA21/22/28 (July 19, 2012). This SORN can be found online at: <http://www.gpo.gov/fdsys/pkg/FR-2012-07-19/pdf/2012-17507.pdf>

### **7.5 PRIVACY IMPACT ASSESSMENT: Access, redress, and correction**

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

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

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

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

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

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

Follow the format below:

These risks are governed by the Virtual VA (VVA) system from which FTI documents are accessed. The VVA PIA is maintained by the VVA PM, Mike Litriello, and can be obtained through him.

Relevant excerpt from the VVA PIA below:

**Privacy Risk:** There is a risk that individual may seek to access or redress records about them held by the VA Office and become frustrated with the results of their attempt.

**Mitigation:** By publishing this PIA and the applicable SORN, the VA makes the public aware of the unique status of applications and evidence files, such as those stored on the Virtual VA platform.

Furthermore, this document and the SORN provide the point of contact for members of the public who have questions or concerns about applications and evidence files.

## Section 8. Technical Access and Security

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

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

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

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

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

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

Per VA Directive and Handbook 6330, every 5 years the Office of Information Technology (OIT) develops, disseminates, and reviews/updates a formal, documented policy that addresses purpose, scope, roles, responsibilities, management commitment, coordination among organizational entities, and compliance; along with formal, documented procedures to facilitate the implementation of the control policy and associated controls.

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

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

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

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

A contractor Production Operations team will support the FTI production environment, but Safeguards are in place to prevent contractor access to FTI in accordance with IRC §6103(p)(4)



restrictions. These Safeguards were certified by IRS as acceptable in memo FD698-FED-AWS GovCloud-L-031020 and will be audited by IRS during the VA's normal triannual FTI audit. The contractors who provide support to the system are required to complete annual VA Privacy and Information Security and Rules of Behavior training via the VA's Talent Management System (TMS).

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

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

A contractor Production Operations team will support the FTI production environment, but Safeguards are in place to prevent contractor access to FTI in accordance with IRC §6103(p)(4) restrictions. These Safeguards were certified by IRS as acceptable in memo FD698-FED-AWS GovCloud-L-031020 and will be audited by IRS during the VA's normal triannual FTI audit. 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).

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

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

*If Yes, provide:*

1. *The Security Plan Status,*
2. *The Security Plan Status Date,*
3. *The Authorization Status,*
4. *The Authorization Date,*
5. *The Authorization Termination Date, .*
6. *The Risk Review Completion Date*
7. *The FIPS 199 classification of the system (LOW/MODERATE/HIGH).*

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

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

1. Security Plan Status: Approved
2. Security Plan Status Date: December 18, 2020

3. Authorization Status: Authorization to Operate (ATO)
4. Authorization Date: January 21, 2021
5. Authorization Termination Date: January 21, 2022
6. Risk Review Completion Date: January 7, 2021
7. FIPS 199 classification: High

## 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, 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.*

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

BIP is deployed in a Federal Risk and Authorization Management Plan (FEDRAMP)-approved cloud service provider (CSP) environment. Security controls are managed at three levels: FEDRAMP, General Support Services (GSS), and the Platform level. FEDRAMP and GSS control details are available in VA Enterprise Cloud (VAEC) Amazon Web Services (AWS) accreditation documentation.

### 9.2 Identify the cloud model being utilized.

*Example: Software as a Service (SaaS), Infrastructure as a Service (IaaS), Platform as a Service (PaaS), Commercial off the Shelf (COTS).*

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

The VAEC provides infrastructure-as-a-service (IaaS), software-as-a-service (SaaS), and platform-as-a-service (PaaS) IT services to VA customers. BIP is hosted on virtual servers located in the VAEC AWS environment. Using VAEC AWS as the hosting platform for MBMS provides the following operational tools in a FedRAMP-approved environment:

- Self-service catalog
- Provisioning, orchestrating, and deployment
- Access and security management
- Resourcing and account management
- Backup and disaster recovery services

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

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

VA Business Stakeholders of the BIP minor applications have ownership rights over data.

**9.4 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 relationship is managed via the Major Application relationship with BIP Assessing. The VAEC AWS maintains the DI-1 control within their boundary.

**9.5 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.*

VAEC Cloud Service Provider (CSP) AWS GovCloud is FEDRAMP approved, under the BIP Assessing ATO. Per the approval of the Deputy Assistant Secretary, Enterprise Program Management Office (EPMO) [the VA Authorizing Official (AO)], VA Business Stakeholders of the BIP minor applications have ownership rights over data.

**9.6 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).*

BIP does not utilize Robotics Process Automation (RPA) in any processes.

## Section 9. References

### Summary of Privacy Controls by Family

*Summary of Privacy Controls by Family*

<b>ID</b>	<b>Privacy Controls</b>
<b>AP</b>	<b>Authority and Purpose</b>
AP-1	Authority to Collect
AP-2	Purpose Specification
<b>AR</b>	<b>Accountability, Audit, and Risk Management</b>
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
<b>DI</b>	<b>Data Quality and Integrity</b>
DI-1	Data Quality
DI-2	Data Integrity and Data Integrity Board
<b>DM</b>	<b>Data Minimization and Retention</b>
DM-1	Minimization of Personally Identifiable Information
DM-2	Data Retention and Disposal
DM-3	Minimization of PII Used in Testing, Training, and Research
<b>IP</b>	<b>Individual Participation and Redress</b>
IP-1	Consent
IP-2	Individual Access
IP-3	Redress
IP-4	Complaint Management
<b>SE</b>	<b>Security</b>
SE-1	Inventory of Personally Identifiable Information
SE-2	Privacy Incident Response
<b>TR</b>	<b>Transparency</b>
TR-1	Privacy Notice
TR-2	System of Records Notices and Privacy Act Statements
TR-3	Dissemination of Privacy Program Information
<b>UL</b>	<b>Use Limitation</b>

<b>ID</b>	<b>Privacy Controls</b>
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.**

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**Privacy Officer, Rita Grewal**

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**Information System Security Officer, Joseph Faccioli**

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**Information System Owner, Tushar Dode**

## 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).

<https://www.va.gov/privacy-policy/>