Privacy Impact Assessment for the VA IT System called:

HOME TELEHEALTH REPORTING
OFFICE OF CONNECTED CARE / VETERANS HEALTH ADMINISTRATION (VHA) OFFICE OF TELEHEALTH SERVICES

Date PIA submitted for review:
July 6, 2021

System Contacts:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>E-mail</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy Officer</td>
<td>Rita Grewal</td>
<td><a href="mailto:Rita.Grewal@va.gov">Rita.Grewal@va.gov</a></td>
<td>202-632-7861</td>
</tr>
<tr>
<td>Information System Security Officer</td>
<td>Katherine Vollmer</td>
<td><a href="mailto:Katherine.Vollmer@va.gov">Katherine.Vollmer@va.gov</a></td>
<td>605-890-0079</td>
</tr>
<tr>
<td>Information System Owner</td>
<td>Ellen Hans</td>
<td><a href="mailto:Ellen.Hans@va.gov">Ellen.Hans@va.gov</a></td>
<td>703-534-0205</td>
</tr>
</tbody>
</table>
Abstract

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

The Home Telehealth Reporting (HTR) system is comprised of Census-Survey (CNS) and Integrated Home Telehealth (IHT); two separate web-based applications which report on the outcome of care provided by Home Telehealth system and its associated systems. The Census-Survey (CNS) component meets the needs of the Office of Telehealth Services and the field staff as they need timely information about the patients enrolled in the Home Telehealth (HT) program to properly track and manage the program. Thus, the VA electronically collects data from each Home Telehealth vendor application which participates in the Home Telehealth program and provides weekly reports. Integrated Home Telehealth (IHT) is designed to provide a flexible, maintainable, and resilient platform for HT business functions. Some of the administrative business function includes Manage Quality Improvement Reporting (QIRs), Data Issue Tracker, HT Reports, Administration, and My Profile modules.

Overview

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

- The IT system name and the name of the program office that owns the IT system.
- The business purpose of the program, IT system, or technology and how it relates to the program office and agency mission.
- Indicate the ownership or control of the IT system or project.
- The expected number of individuals whose information is stored in the system and a brief description of the typical client or affected individual.
- A general description of the information in the IT system and the purpose for collecting this information.
- Any information sharing conducted by the IT system. A general description of the modules and subsystems, where relevant, and their functions.
- Whether the system is operated in more than one site, and if so, a description of how use of the system and PII is maintained consistently in all sites and if the same controls are used across sites.
- A citation of the legal authority to operate the IT system.
- Whether the completion of this PIA will result in circumstances that require changes to business processes.
- Whether the completion of this PIA could potentially result in technology changes.
- If the system is in the process of being modified and a SORN exists, will the SORN require amendment or revision and approval? If the system is using cloud technology, does the SORN for the system cover cloud usage or storage?
The HTR system is comprised of two separate web-based components which report on the outcome of care provided by the Home Telehealth (HT) program and will be located in the Veterans Affairs Enterprise Cloud (VAEC) Azure Cloud. HTR reports are only accessible on the VA network with access by Active Directory permissions and are not available outside of the VA intranet. Below is a description of the applications within this system: The first component is Census (CNS): The Office of Telehealth Services and the field staff need timely information about the patients enrolled in the Home Telehealth program to properly track and manage the program. To meet this need, each week VA electronically collects data from each Home Telehealth vendor application which participates in the Home Telehealth program, stores the data in a database and produces consistent, consolidated reports for review. The second component is Survey: An important component of the Home Telehealth (HT) program is measuring the outcomes of care. Aspects of the patient’s perception of their condition are measured every ninety (90) days by administering standardized surveys. Results of this survey are provided in a report that can be generated by the application. Reports generated by CNS do not contain any VA sensitive or Personally Identifiable Information (PII) data. HTR also has another component, Integrated Home Telehealth (IHT). IHT is a Web-based application sponsored by the Veterans Health Administration (VHA) Office of Telehealth Services and is designed to provide a flexible, maintainable, and resilient platform for HT business functions. Each business function supported by IHT is constructed as an application module of IHT. IHT modules include Manage Quality Improvement Reporting (QIRs), Data Issue Tracker, Administration, HT Reports, and My Profile. User access to IHT is granted upon successful authentication against the Department of Veterans Affairs (VA), VHA 2-Factor Authentication (2FA). Home Telehealth Reporting is part of the Office of Connected Care within the Department of Veterans Affairs and maintains information of 100,000 Veterans and dependents. HTR has a FIPS 199 categorization of Moderate, has legal authority to operate under Title 38, United States Code, Sections 501(b) and 304 and collects information under VA SORN 24VA10A7 / 85 FR 62406 – Patient Medical Records -VA. The completion of this PIA will not result in circumstances that require changes to the business processes.

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:

- ☑ Name
- ☑ Social Security Number
- ☑ Date of Birth
- ☑ Mother’s Maiden Name
- ☑ Personal Mailing Address
- ☑ Personal Phone Number(s)
- ☑ Personal Fax Number
- ☑ Personal Email Address
- ☑ Emergency Contact Information (Name, Phone Number, etc. of a different individual)
- ☑ Financial Account Information
- ☑ Health Insurance Beneficiary Numbers
- ☑ Account numbers
- ☑ Certificate/License numbers
- ☑ Vehicle License Plate Number
- ☑ Internet Protocol (IP) Address Numbers
- ☑ Current Medications
- ☑ Previous Medical Records
- ☑ Race/Ethnicity
- ☑ Tax Identification Number
- ☑ Medical Record Number
- ☑ Other Unique Identifying Information

Other Unique Identifying Information – ICN (Integration Control Number)

**PII Mapping of Components**

Home Telehealth Reporting consists of two (2) key components (databases). Each component has been analyzed to determine if any elements of that component collect PII. The type of PII collected by Home Telehealth Reporting 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.

<table>
<thead>
<tr>
<th>Database Name of the information system collecting/storing PII</th>
<th>Does this system collect PII? (Yes/No)</th>
<th>Does this system store PII? (Yes/No)</th>
<th>Type of PII (SSN, DOB, etc.)</th>
<th>Reason for Collection/Storage of PII</th>
<th>Safeguards</th>
</tr>
</thead>
<tbody>
<tr>
<td>SQL Server 1</td>
<td>Y</td>
<td>Y</td>
<td>First and Last name, DOB, SSN and ICN</td>
<td>To track individuals</td>
<td>Only System Administrators have access to PII; data is</td>
</tr>
</tbody>
</table>
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.

All information collected by HTR is provided by the VHA Home Telehealth systems and by the VHA Health Data Repository, which gathers information from patients enrolled in its program. Information is then shared with VHA Support Service Center (VSSC).

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.
All information collected by HTR is provided by the Home Telehealth systems, which gathers information from patients enrolled in its program.

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.

Information is not checked for accuracy. Data is provided to HTR by Home Telehealth systems where accuracy is ensured.

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

HTR operates under the legal authority of Title 38, United States Code, Sections 501(b) and 304 and collects information under the System of Record of VA SORN 24VA10A7 / 85 FR 62406 – Patient Medical Records -VA.

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:** HTR collects Personally Identifiable Information (PII) and other delicate Sensitive Personal Information (SPI). If this information were breached or accidentally released to inappropriate parties or the public, it could result in personal and/or emotional harm to the individuals whose information is contained in the system.

**Mitigation:** The Department of Veterans Affairs is careful to only collect the information necessary to assist in the care of patients and provide an updated status to clinical health care providers. By only collecting the minimum necessary information, VA is able to better protect the Veterans’ information. Once collected, information is transmitted using encryption and stored in secure servers behind VA firewalls.

**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.

Name: Patients names are maintained to help assist in correctly reporting patient care provided by the Home Telehealth system.

SSN: Social Security Numbers are maintained to help assist in correctly reporting patient care provided by the Home Telehealth system.
DOB: Date of Birth is maintained to further help assist in correctly report patient care provided by the Home Telehealth system.
ICN: Integration Control Numbers are maintained to help assist in correctly reporting patient care provided by the Home Telehealth system.

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

HTR does not utilize any tools to analyze data; reports are generated listing data as statistics. Data received from Home Telehealth is presumed to be accurate.

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

HTR databases are encrypted at rest and in transit. User access to the data is granted upon successful authentication against the Department of Veterans Affairs (VA), VHA 2-Factor Authentication (2FA), and only accessible on the VA Network to those users with a need-to-know will have access to the data. Reports generated by CNS application of HTR do not contain any VA sensitive or Personally Identifiable Information (PII) data.

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

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

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

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

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

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

Add answer here:

Data gathered and stored in HTR is used to help assist in correctly reporting patient care provided by the Home Telehealth systems. All VA personnel with access to the HTR receive annual security and privacy training and are required to sign the Rules of Behavior outlining what behaviors are allowed and not allowed on a US Government computer system.

### 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

First and Last Name
Social Security Number (SSN)
Date of Birth (DOB)
Integration Control Number (ICN)

#### 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.

HTR information is retained for 75 years after the last record update. This retention period is required by the Department of Veterans Affairs Record Control Schedule 10-1, Item 6000.2.


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.

HTR information is retained for 75 years after the last record update. This retention period is required by the Department of Veterans Affairs Record Control Schedule 10-1, Item 6000.2.


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

Health information stored on electronic media is maintained for 75 years after the last update and then destroyed in accordance with VA Handbook 6500.1- Electronic Media Sanitization, which states that data with a security categorization of high must be destroyed. 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 Directive 6500, VA Cybersecurity Program (February 24, 2021)
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.

HTR does not use PII for testing, training or research. VA Policies and Procedures have been developed. VA Handbook 6500 – VA Cybersecurity Program; VA Directive 6507 – Reducing the Use of Social Security Numbers; VA Handbook 6507.1 – Number (SSN) and the VA SSN Review Board; VA IS Reference Guide, SA-11 – no live data in test; and, VHA Directive 1605.01 – Privacy and Release of Information all address the use of PII for testing, training and research.

3.6 PRIVACY IMPACT ASSESSMENT: Retention of information

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

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

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

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

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

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

Follow the format below:

Privacy Risk: The risk of maintaining data within HTR is, the longer the time frame that information kept, the greater the risk in the information could be compromised or breached.
Mitigation: HTR strictly adheres to the Records Management Schedule, in order to ensure that no records are maintained longer than 75 years.

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

<table>
<thead>
<tr>
<th>List the Program Office or IT System information is shared/received with</th>
<th>List the purpose of the information being shared/received with the specified program office or IT system</th>
<th>List the specific PII/PHI data elements that are shared/received with the Program Office or IT system</th>
<th>Describe the method of transmittal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telehealth (HTH) Medtronic</td>
<td>Source of Census and Survey data</td>
<td>Name, date of birth, social security number and ICN</td>
<td>HL7 data exchange</td>
</tr>
<tr>
<td>List the Program Office or IT System information is shared/received with</td>
<td>List the purpose of the information being shared/received with the specified program office or IT system</td>
<td>List the specific PII/PHI data elements that are shared/received with the Program Office or IT system</td>
<td>Describe the method of transmittal</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Home Telehealth (HTH) Cognosante</td>
<td>Source of Census and Survey data</td>
<td>Name, date of birth, social security number and ICN</td>
<td>HL7 data exchange</td>
</tr>
<tr>
<td>Health Data Repository (HDR)</td>
<td>Source of Census and Survey data</td>
<td>Name, date of birth, social security number and ICN</td>
<td>HL7 data exchange and HTTPS</td>
</tr>
<tr>
<td>VHA Support Service Center (VSSC)</td>
<td>Source of Census and Survey data</td>
<td>Name, date of birth, social security number and ICN</td>
<td>HL7 data exchange</td>
</tr>
</tbody>
</table>

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 sharing data within the Department of Veteran’s Affairs is that data may be disclosed to individuals who do not require access and heightens the threat of the information being misused.

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

<table>
<thead>
<tr>
<th>Data Shared with External Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>List External Program Office or IT System information is shared/received with</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

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

Not applicable, as HTR does not share data with any organization outside the VA.

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:** The risk that HTR data may be shared with unauthorized users or authorized users may share it with other unauthorized individuals.

**Mitigation:**

- Outside organizations provide their own level of security controls such as access control, authentication and user logs in order to prevent unauthorized access.
- All personnel with access to HTR information are required to complete the VA Privacy and Information Security Awareness training and Rules of Behavior annually.
- Home Telehealth adheres to all information security requirements instituted by the VA Office of Information Technology (OIT).
- Information is shared in accordance with VA Handbook 6500

**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.

HTR provides no notice to the Veterans as the information is gathered directly from the Veteran when the Veteran enrolls in the Home Telehealth program.

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.

All HTR data is provided by the Home Telehealth system. Veterans provide information directly to the Home Telehealth system through the use of medical devices or telephones located in their home. If a Veteran does not want to provide information they only need to dis-enroll from the Home Telehealth program.

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.

Veterans are notified as part of the enrollment process on how their information will be used. Enrollment in the Home Telehealth program constitutes consent.

6.4 PRIVACY IMPACT ASSESSMENT: Notice

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

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

Principle of Transparency: Has sufficient notice been provided to the individual?
**Principle of Use Limitation:** Is the information used only for the purpose for which notice was provided either directly to the individual or through a public notice? What procedures are in place to ensure that information is used only for the purpose articulated in the notice? This question is related to privacy control TR-1, Privacy Notice, AR-2, Privacy Impact and Risk Assessment, and UL-1, Internal Use

Follow the format below:
**Privacy Risk:** There is a risk that individuals who provide information to Home Telehealth will not know how their information is being shared and used internal to the Department of Veterans Affairs and will be unaware that the HTR system contains their information.

**Mitigation:** This PIA and the Home Telehealth enrollment process serve to notify individuals of how information is handled by the Home Telehealth systems.

**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.

If Veterans wants to access their information in Home Telehealth, they may ask their clinical health care provider to provide them their information. PII and SPI on the HTR system is not shared with anyone.
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.

The information provided by the Veteran is considered to be accurate. The information is gathered to assist with the specific health care needs. Inaccurate information can be corrected by contacting their clinical health care provider.

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

How are individuals made aware of the procedures for correcting his or her information? This may be through notice at collection or other similar means. This question is meant to address the risk that even if procedures exist to correct information, if an individual is not made fully aware of the existence of those procedures, then the benefits of the procedures are significantly weakened.

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

The information provided by the Veteran is considered to be accurate. The information is gathered to assist with the specific health care needs. Inaccurate information can be corrected by contacting their clinical health care provider.

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.

The information provided by the Veteran is considered to be accurate. The information is gathered to assist with the specific health care needs. Inaccurate information can be corrected by contacting their clinical health care provider. Census-Survey reports within HTR do not contain information specific to individual Veterans.
7.5 PRIVACY IMPACT ASSESSMENT: Access, redress, and correction

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

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

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

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

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

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

Follow the format below:

Privacy Risk: There is a risk that the information provided by the Veteran is inaccurate and the Veteran will not know how to correct the information.

Mitigation: If Veterans wants to access their information in HTR, they may ask their clinical health care provider to provide them with their information.

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.
Any authorized user on the VA network may access reports from the HTR system but reports only report statistical information and do not contain personal data.

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.

Yes, VA Contractors maintain the HTR system and those with administrative level privileges can access data in the database. All contractors involved in the operations of HTR have completed the initial and annual security and privacy training. Users with elevated privileges have undergone training unique to their specific role, and refresher training is mandatory and tracked in the Training Management System.

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.

Yes, VA Contractors maintain the HTR system and those with administrative level privileges can access data in the database. All contractors involved in the operations of HTR have completed the initial and annual security and privacy training. Users with elevated privileges have undergone training unique to their specific role, and refresher training is mandatory and tracked in the Training Management System.

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

If Yes, provide:

1. The Security Plan Status is in progress (under development).
2. The Security Plan Status Date is planned for November 8, 2021.
3. The Authorization Status is Not Yet Authorized (Under development).
4. The Authorization Date is planned for November 8, 2021.
5. The Authorization Termination Date is planned for November 8, 2024.
6. The Risk Review Completion Date is planned for November 8, 2021.
7. The FIPS 199 classification of the system is MODERATE.

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.

HTR has a FIPS 199 security category classification of Moderate. The IOC (Initial Operating Capability) date for the ATO (Authority To Operate) for HTR is November 8, 2021.

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.

The HTR system is hosted in the VA Enterprise Cloud (VAEC) Azure Government Cloud. The VAEC implements the NIST-, FedRAMP- and VA-required security controls for each system to obtain a VA Authority to Operate (ATO). The VAEC has met the FedRAMP High Authorization.

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.

HTR will utilize the Infrastructure as a Service (IaaS) model within the VAEC Azure Government Cloud.
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.

HTR is provisioned within the VAEC Azure Government Cloud and not an external cloud provider.
The VIPR (VA’s IT Process Request) number is VIPR-V18-00203-000.

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 VA will retain ownership over all data.

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.

The VA ECSO (Enterprise Cloud Solutions Office) manages the VAEC Azure Government Cloud and are responsible for ensuring all organizational requirements are met, including security requirements for the Cloud.
Use of the VAEC is required based on the Federal Cloud First Policy and the VA Cloud First Policy and VAEC First Policy memos issued by OIT leadership.
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).

HTR is NOT utilizing any Robotics Process Automation (RPA) at this time.
### Summary of Privacy Controls by Family

<table>
<thead>
<tr>
<th>ID</th>
<th>Privacy Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP</td>
<td>Authority and Purpose</td>
</tr>
<tr>
<td>AP-1</td>
<td>Authority to Collect</td>
</tr>
<tr>
<td>AP-2</td>
<td>Purpose Specification</td>
</tr>
<tr>
<td>AR</td>
<td>Accountability, Audit, and Risk Management</td>
</tr>
<tr>
<td>AR-1</td>
<td>Governance and Privacy Program</td>
</tr>
<tr>
<td>AR-2</td>
<td>Privacy Impact and Risk Assessment</td>
</tr>
<tr>
<td>AR-3</td>
<td>Privacy Requirements for Contractors and Service Providers</td>
</tr>
<tr>
<td>AR-4</td>
<td>Privacy Monitoring and Auditing</td>
</tr>
<tr>
<td>AR-5</td>
<td>Privacy Awareness and Training</td>
</tr>
<tr>
<td>AR-7</td>
<td>Privacy-Enhanced System Design and Development</td>
</tr>
<tr>
<td>AR-8</td>
<td>Accounting of Disclosures</td>
</tr>
<tr>
<td>DI</td>
<td>Data Quality and Integrity</td>
</tr>
<tr>
<td>DI-1</td>
<td>Data Quality</td>
</tr>
<tr>
<td>DI-2</td>
<td>Data Integrity and Data Integrity Board</td>
</tr>
<tr>
<td>DM</td>
<td>Data Minimization and Retention</td>
</tr>
<tr>
<td>DM-1</td>
<td>Minimization of Personally Identifiable Information</td>
</tr>
<tr>
<td>DM-2</td>
<td>Data Retention and Disposal</td>
</tr>
<tr>
<td>DM-3</td>
<td>Minimization of PII Used in Testing, Training, and Research</td>
</tr>
<tr>
<td>IP</td>
<td>Individual Participation and Redress</td>
</tr>
<tr>
<td>IP-1</td>
<td>Consent</td>
</tr>
<tr>
<td>IP-2</td>
<td>Individual Access</td>
</tr>
<tr>
<td>IP-3</td>
<td>Redress</td>
</tr>
<tr>
<td>IP-4</td>
<td>Complaint Management</td>
</tr>
<tr>
<td>SE</td>
<td>Security</td>
</tr>
<tr>
<td>SE-1</td>
<td>Inventory of Personally Identifiable Information</td>
</tr>
<tr>
<td>SE-2</td>
<td>Privacy Incident Response</td>
</tr>
<tr>
<td>TR</td>
<td>Transparency</td>
</tr>
<tr>
<td>TR-1</td>
<td>Privacy Notice</td>
</tr>
<tr>
<td>TR-2</td>
<td>System of Records Notices and Privacy Act Statements</td>
</tr>
<tr>
<td>TR-3</td>
<td>Dissemination of Privacy Program Information</td>
</tr>
<tr>
<td>UL</td>
<td>Use Limitation</td>
</tr>
<tr>
<td>ID</td>
<td>Privacy Controls</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>UL-1</td>
<td>Internal Use</td>
</tr>
<tr>
<td>UL-2</td>
<td>Information Sharing with Third Parties</td>
</tr>
</tbody>
</table>
Signature of Responsible Officials

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

RITA K GREWAL
114938

Digitally signed by RITA K GREWAL 114938
Date: 2021.07.28 21:42:01 -04'00'

Privacy Officer, Rita Grewal

Katherine Vollmer

Digitally signed by Katherine L. Vollmer 209764
Date: 2021.08.03 06:19:37 -06'00'

Information System Security Officer, Katherine Vollmer

Ellen A. Hans
305878

Digitally signed by Ellen A. Hans 305878
Date: 2021.08.03 08:27:14 -04'00'

Information System Owner, Ellen Hans

Version Date: May 21, 2021
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).

1. **VHA Handbook 1605.4 Notice of Privacy Practices, September 6, 2015.**
   