



Privacy Impact Assessment for the VA IT System called:

Readjustment Counseling Service Network RCSnet (RCN)

Veterans Health Administration

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System Contacts:

System Contacts

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Abstract

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

Readjustment Counseling Service RCSnet (RCN) is a special purpose program within Veterans Health Administration which has a mandated separate system of records that tracks and documents professional readjustment counseling, community education and outreach to special populations.

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?*

Readjustment Counseling Service RCSnet (RCN) is a special purpose program within Veterans Health Administration which has a mandated separate system of records that tracks and documents professional readjustment counseling, community education and outreach to special populations. RCN is the web interface which provides online management for administrating this separate system in a dedicated Readjustment Counseling Service facility. The components systems and modules that comprise the RCN as the major application for input and display of Vet Center information associated with the following:

- Veteran descriptive clinical data - personally identifiable information (PII) and personal health information (PHI)

- Activity Analysis and Reporting aggregate data
- Financial Data RCS program specific
- Administrative Data PII, staff, project and asset tracking
- User organizations: RCN is for VA Internal use only

The organizations, their purpose in using the system, and their method of access are:

Vet Centers (Users) access the RCN Web site via RESCUE or CITRIX ACCESS GATEWAY. They connect with a separate login to the active RCS Web Site Server. The RCS Web Server transfers the Vet Center Users request to a SQL Server. The Users least privilege profile limits access based on position and access level.

Privileged functions (deployed in hardware, software, and firmware) and security -relevant information is restricted to the RCSnet Information System Security Officer (ISSO) and RCSnet System Administrators only. This major System contains no Sub-Systems. The RCN system(s) are owned by Veterans Health Administration and are housed at the PITC/AITC Data Centers. The expected number of individuals that will have their PII stored in this system: 1,700,000.

The legal authority to operate this system: Authority: Title 38, United States Code, Section 1712A.

This RCN SORN exists (64VA15 - Readjustment Counseling Program (RCS) Vet Center Program – VA) is in an Operational status and will not require any revision or amendment.

Completion of this PIA will not require in any business process changes or technology changes on the part of RCS.

RCN is a VM system and does not use Cloud technology.

Section 1. Characterization of the Information

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

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

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

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

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

The information selected below must match the information provided in question 2.1 as well as the data elements columns in 4.1 and 5.1.

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

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

- Marital Status
- Veteran eligibility information
- Referral Source
- Veteran Center Client Record
- Psychosocial Assessment
- Treatment
- Plans ongoing case progress notes
- Documenting the course of service delivery

PII Mapping of Components

Readjustment Counseling Service RCSnet (RCN) consists of 4 key components. Each component has been analyzed to determine if any elements of that component collect PII. The type of PII collected by RCN and the functions that collect it are mapped below.

PII Mapped to Components

Note: Due to the PIA being a public facing document, please do not include the server names in the table. **The first table of 3.9 in the PTA should be used to answer this question.**

PII Mapped to Components

Database Name of the information system collecting/storing PII	Does this system collect PII? (Yes/No)	Does this system store PII? (Yes/No)	Type of PII (SSN, DOB, etc.)	Reason for Collection / Storage of PII	Safeguards
DB SERVER201	Collects/Stores	Yes	Staff PII/Veteran such as unique Veteran identification number, name, address, social security number, marital status, gender, birth date, military service information, Veteran eligibility information, referral source, and other identifying statistical information	Track and Document RCN Services	VA OIT (Firewall, Physical Restrictions, Antivirus)
DB SERVER202	Stores	Yes	Staff PII/Veteran PII and PHI such as assessment, military history, treatment plans and ongoing case progress notes documenting the course of service	Track and Document RCN Services	VA OIT (Firewall, Physical Restrictions, Antivirus)
DB SERVER203	Stores	Yes	Staff PII/Veteran PII and PHI	Track and Document RCN Services	VA OIT (Firewall, Physical Restrictions, Antivirus)
DB SERVER404	Stores	Yes	Staff PII/Veteran PII and PHI	Track and Document RCN Services	VA OIT (Firewall, Physical Restrictions, Antivirus)

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 RCN Data is physically entered by VHA Staff with RCN accounts. Specific Client information is provided verbally by Veterans while conducting Readjustment Counseling sessions (Veteran Information and Eligibility).

Information is also Physically entered by VHA staff with RCS Accounts into RCN for administrative purposes (ex. Financial, Administrative and Staff Information).

RCN is a source of information for RCS Central Office analysis and aggregate reporting.

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.

The individual is the primary source of information via verbal communication. The details of the communication or visit is entered into the RCSnet system using an on-screen form of custom defined fields.

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.*

RCN data is not checked against other sources of information. RCN data is checked for validity at the time of entry to ensure Data Integrity and accuracy.

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 legal authority to operate this system: Authority: Title 38, United States Code, Section 1712A and System of Record Notice (SORN) 64VA10/ 87 FR 25703 (5/2/2022) - Readjustment Counseling Program (RCS) Vet Center Program - 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: RCN collects Personally Identifiable Information (PII) and other highly delicate Personal Health Information (PHI). If this information was breached or accidentally released to inappropriate parties or the public, it could result in financial, 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 identify the parties involved in an incident, identify potential issues and concerns, and offer assistance to the affected parties so that they may find the help they need to get through their crisis. By only collecting the minimum necessary information specified in section 1.1, the VA is able to better protect the individual's information. Additionally, RCN is an internally hosted application meaning that only the authorized user can access RCN and those users have to be on the VA network which insulated RCN from any outside/public access. RCN employ a variety of security measures designed to ensure that the information is not inappropriately disclosed or released. These measures include access control; awareness and training; audit and accountability; certification, accreditation, and security assessments; configuration management; contingency planning; identification and authentication; incident response; maintenance; media protection; physical and environmental protection; planning; personnel security; risk assessment; systems and services acquisition; system and communications protection; and system and information integrity.

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.

All information in the system PII/PHI as listed below is used for documenting the course of service, treatment plans and ongoing case progress notes. All RCN data is for Internal Use only

Full Name: Veteran's identification, Veteran eligibility information - Internal

Social Security Number: Used to verify Veteran identity and as a file number for Veteran - Internal

Date of Birth - Internal

Mailing Address: Used to correspond with the Veteran - Internal

Zip Code: Part of the mailing address -Internal

Email Address: Used to correspond with the Veteran - Internal

Phone number: Used to correspond with the Veteran -Internal

Family Relation: Used for Veteran's family benefits -Internal

Military Service Information: Used to determine eligibility - Internal
Guardian Information: Used to verify if veteran's family member has a guardian -Internal
Benefit Information: Used to determine eligibility -Internal
Education Information: Used to determine eligibility - Internal
Military history, treatment plans and ongoing case progress notes documenting the course of service - Internal

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

RCN uses the web interface to produce canned reports for Vet Center Staff to report on specific Vet Center Metrics. Administrative reports are done using reporting services to produce ADHOC repositories for Vet Center IT staff.

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? **SSL/TLS***

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

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

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

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.

The SORN defines the information collected from Veterans, use of the information, and how the information is accessed and stored. The information collected is to support the individual claim or claims the veteran has been granted.

The security controls for the RCN application cover 17 security areas with regard to protecting the confidentiality, integrity, and availability of VA information systems and the information processed, stored, and transmitted by those systems. The security areas include access control; awareness and training; audit and accountability; certification, accreditation, and security assessments; configuration management; contingency planning; identification and authentication; incident response; maintenance; media protection; physical and environmental protection; planning; personnel security; risk assessment; systems and services acquisition; system and communications protection; and system and information integrity. The RCN application team has implemented the required security controls based on the tailoring guidance of NIST Special Publication 800-53 Rev 4 and VA directives or handbooks. VA Records Management Policy VA 6300.1, VA 6500 HB, National Rules of Behavior (ROB), and VA 6502.1, VA6502.3, VA 6502.4 Privacy Policies govern how veterans' information is used, stored, and protected."

Account creation within RCSNet is available only to NSS. Vet Centers and District Offices however have access to the appropriate form that they need to fill out to add new users to RCSNet. This form is the "New Personnel Fact Sheet", and Vet Centers will fill it out and submit it to the District Office for verification. Once the District Office verifies that the information included on the form is correct, they will sign the form and submit it to NSS via SharePoint. All account creation requests are handled the same way.

Account creation requests are authorized/approved by District Office staff, who sign the form after verifying that the information is correct. They submit the form to NSS, where we verify the user doesn't already have an account and then we create the account if everything on the form is filled out correctly.

Elevated privileges are handled by the position they request in the form (Ex Counselors -1, Office Manager -2, VC Director- 3 , District Staff - 4)

They are approved in the same manner as VC users.

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

Full Name
Race/Ethnicity
Social Security Number
Mailing Address
Zip Code
Email Address
Phone number
Family Relation
Service Information
Guardian Information
Benefit Information
Education Information

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.

RCN uses NARA approved retention schedules below: .
VA Records Schedule 10-1(6050)

Department of Veterans Affairs, Veterans Health Administration Records Control Schedule 10-1 (May 2016)

10 (<https://vaww.va.gov/vhapublications/rcs10/rcs10-1.pdf>)

Temporary; destroy when no longer needed.

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.

RCN uses NARA approved retention schedules below: .

VA Records Schedule 10-1(6050)

Department of Veterans Affairs, Veterans Health Administration Records Control Schedule 10-1 (May 2016)

10 (<https://vaww.va.gov/vhapublications/rcs10/rcs10-1.pdf>)

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.

Disposition of Printed Data:

Forms and other types of printed output produced by any computer systems and related peripherals will be evaluated by the responsible staff member for data sensitivity. Printed output containing sensitive data will be stored in locked cabinets or desks and disposed of properly (when the approved records schedule permits destruction) by shredding or similar VA approved methods in accordance with VA Directive 6371. Program listings and documentation relating to the use of or access to a computer system require special handling if the listings or

documentation provide information about a system which processes sensitive data. VA personnel are responsible for retrieving/removing all printed outputs they request from printers.

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

RCN does not utilize any Production Data for Testing, Training or 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: There is a risk that the information maintained by RCN could be retained for longer than is necessary to fulfill the VA mission. Records held longer than required are at greater risk of being unintentionally released or breached.

Mitigation: To mitigate the risk posed by information retention, RCN adheres to the NARA General Records Schedule. When the retention date is reached for a record, the individuals information is carefully disposed of by the determined method as described in General Records Schedule 20. Section 4. Internal Sharing/Receiving/Transmitting and Disclosure.

The following questions are intended to define the scope of information sharing/receiving/transmitting within VA. NOTE: RCN does not share information within the VA network.

Section 4. Internal Sharing/Receiving/Transmitting and Disclosure

The following questions are intended to define the scope of information sharing/receiving/transmitting within VA.

4.1 With which internal organizations is information shared/received/transmitted? What information is shared/received/transmitted, and for what purpose? How is the information transmitted?

NOTE: Question 3.9 (second table) on Privacy Threshold Analysis should be used to answer this question.

Identify and list the names of any program offices, contractor-supported IT systems, and any other organization or IT system within VA with which information is shared.

State the purpose for the internal sharing. If you have specific authority to share the information, provide a citation to the authority.

For each interface with a system outside your program office, state what specific data elements (PII/PHI) are shared with the specific program office, contractor-supported IT system, and any other organization or IT system within VA.

Describe how the information is transmitted. For example, is the information transmitted electronically, by paper, or by some other means? Is the information shared in bulk, on a case-by-case basis, or does the sharing partner have direct access to the information? This question is related to privacy controls AP-2, Purpose Specification, AR-3, Privacy Requirements for Contractors and Service Providers, AR-8, Accounting of Disclosures, TR-1, Privacy Notice, and UL-1, Internal Use.

Data Shared with Internal Organizations

<i>List the Program Office or IT System information is shared/received with</i>	<i>List the purpose of the information being shared /received with the specified program office or IT system</i>	<i>List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program Office or IT system</i>	<i>Describe the method of transmittal</i>
N/A	N/A	N/A	N/A

4.2 PRIVACY IMPACT ASSESSMENT: Internal sharing and disclosure

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

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

Follow the format below:

Privacy Risk: Although RCN does not share data, the privacy risk associated with maintaining PII is that sharing data within the Department of Veterans' Affairs could happen and the data may be disclosed to individuals who do not require access and have a need to know. Unauthorized disclosure heightens the threat of the information being misused.

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

Section 5. External Sharing/Receiving and Disclosure

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

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

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

NOTE: Question 3.10 on Privacy Threshold Analysis should be used to answer this question.

Identify and list the names of any Federal, State, or local government agency or private sector organization with which information is shared.

For each interface with a system outside VA, state what specific data elements (PII/PHI) are shared with each specific partner.

What legal mechanisms, authoritative agreements, documentation, or policies are in place detailing the extent of the sharing and the duties of each party? For example, is the sharing of data compatible with your SORN? Then list the SORN and the applicable routine use from the SORN. Is there a Memorandum of Understanding (MOU), Computer Matching Agreement (CMA), or law that mandates the sharing of this information?

Describe how the information is transmitted to entities external to VA and what security measures have been taken to protect it during transmission.

This question is related to privacy control UL-2, Information Sharing with Third Parties

Data Shared with External Organizations

<i>List External Program Office or IT System information is shared/received with</i>	<i>List the purpose of information being shared / received / transmitted with the specified program office or IT system</i>	<i>List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program or IT system</i>	<i>List the legal authority, binding agreement, SORN routine use, etc. that permit external sharing (can be more than one)</i>	<i>List the method of transmission and the measures in place to secure data</i>
N/A	N/A	N/A	N/A	N/A

The RCN system does not share any information with external entities.

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

To protect Veteran personally identifiable information (PII) the following activities occur as part of the overall information assurance activities:

1. The information with each application is categorized in accordance with FIPS 199 and NIST SP 800-60. As part of the categorization any PII is identified.
2. The VA has policies which direct and guide the activities and processes performed by the VA. The policies are periodically reviewed to ensure completeness and applicability.
3. The NIST SP 800-53 controls are selected based on the categorization. The controls provide protection for veteran PII while developed or stored by an application or IT system, physically transported, between facilities, least privilege, stored offsite, or transmitted between IT centers.
4. Internal protection is managed by access controls such as user IDs and passwords, authentication, awareness and training, auditing, and internal network controls. Remote protection is provided by remote access control, authenticator management, audit, and encrypted transmission.

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: Although RCN does not share info externally, the privacy risk is minimal associated with maintaining PII data that is shared outside of the Department of Veteran's Affairs could increase the risk 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 RCN personnel. Only personnel with a clear business purpose are allowed access to the system and the information contained within the system. RCN data is not shared outside the VA boundary.

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.

The Department of Veterans Affairs does provide public notice that the system does exist. When Veterans apply for benefits, The Notice of Privacy Practice (NOPP) is a document which explains the collection and use of protected information to individuals applying for benefits. A signed statement acknowledging that they individual read and understood the NOPP is scanned into each applicant's electronic file. When updates are made to the NOPP copies are mailed to all

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Veteran’s beneficiaries Additionally, new NOPPs are mailed to beneficiaries on a yearly basis and periodic monitoring is performed to check that the signed acknowledgment form has been scanned into electronic records. Additional notice is provided through this Privacy Impact Assessment, which is available online, as required by the eGovernment Act of 2002, Pub.L. 107–347 §208(b)(1)(B)(iii), the Department of Veterans Affairs and the following VA System of Record Notices (SORNs) which are published in the Federal Register and available online:

The System of record Notice (SORN) “Readjustment Counseling Program (RCS) Vet Center Program VA” 64VA10/ 87 FR 25703 (5/2/2022). The SORN can be found online at: [2022-09374.pdf \(govinfo.gov\)](https://www.govinfo.gov/2022-09374.pdf)

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

VHA Handbook 1605.1 Appendix D ‘Privacy and Release Information’, section 5 lists the rights of the Veterans to request VHA to restrict the uses and/or disclosures of the individual’s individually identifiable health information to carry out treatment, payment, or health care operations. The Veterans have the right to refuse to disclose their SSN to VHA. The individual shall not be denied any right, benefit, or privilege provided by law because of refusal to disclose to VHA an SSN (see 38 CFR 1.575(a)).

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

While individuals may have the ability to consent to various uses of their information at the VA, they are not required to consent to the use of their information as part to determine eligibility and entitlement for benefits.

Individuals have the right to consent to particular use of information. Individuals are directed to use the Request for Authorization to Release Medical Records Form (VA Form 10-5345) describing what information is to be sent out and to whom it is being sent to. Patients have the right to opt-out of VA facility directories.

6.4 PRIVACY IMPACT ASSESSMENT: Notice

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

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

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

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

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

Follow the format below:

Privacy Risk: There is a risk that members of the public may not know that the RCN 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 Impact Assessment and the 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.

Members of the public are not allowed access to the RCN system. An individual who wishes to determine whether a record is being maintained under his or her name in the RCN system or wishes to determine the contents of such records should call any Vet Center providing readjustment counseling throughout the country or submit a written request or apply in person to the VA facility where the records are located. Records are maintained at each individual Vet Center providing readjustment counseling throughout the country. The locations of all Vet Centers providing readjustment counseling are listed in VA Appendix 2 of the Biennial Privacy Act Issuances Publication Pages 385 – 388

A most up to date Vet Centers list can also be found at <http://www.vetcenter.va.gov/>. Or by calling: 1- 877- WAR VETS (1.877.927.8387

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.

Under the jurisdiction of VHA, VHA Handbook 1605.1 Appendix D ‘Privacy and Release Information’, section 8 states the rights of the Veterans to amend to their records via submitting VA Form 10-5345a, Individual's Request for a Copy of Their Own Health Information, may be used as the written request requirement, which includes designated record sets, as provided in 38 CFR 1.579 and 45 CFR 164.526. The request must be in writing and adequately describe the specific information the individual believes to be inaccurate, incomplete, irrelevant, or untimely and the reason for this belief. The written request needs to be mailed or delivered to the VA health care facility that maintains the record. A request for amendment of information contained in a system of records must be delivered to the System Manager, or designee, for the concerned VHA system of records, and the facility Privacy Officer, or designee, to be date stamped; and is filed appropriately. In reviewing requests to amend or correct records, the System Manager must be guided by the criteria set forth in VA regulation 38 CFR 1.579.

Individuals are provided the opportunity to submit a request for change in medical record via the amendment process. An amendment is the authorized alteration of health information by modification, correction, addition, or deletion. An individual can request an alteration to their health information by making a formal written request mailed or delivered to the VA health care facility that maintains the record. The request must be in writing and adequately describe the specific information the individual believes to be inaccurate, incomplete, irrelevant, or untimely and the reason for this belief. A request for amendment of information contained in a system of records must be delivered to the System Manager, or designee, for the concerned VHA system of records, and the facility Privacy Officer (PO), or designee, to be date stamped; and is filed appropriately. In reviewing requests to amend or correct records, the System Manager must be guided by the criteria set forth in VA regulation 38 CFR 1.579. That is, VA must maintain in its records only such information about an individual that is accurate, complete, timely, relevant, and necessary.

Individuals have the right to review and change their contact or demographic information at time of appointment or upon arrival to the VA facility and/or submit a change of address request form to the facility business office for processing.

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.

Individuals are not notified if there is missing or inaccurate information in their record. An individual who wishes to determine whether a record is being maintained under his or her name in the RCN system or wishes to determine the contents of such records should submit a written request or apply in person to the VA facility where the records are located. Requests should contain the full name, address and telephone number of the individual making the inquiry. (Per 64VA15 SORN)

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.

Individuals are not notified if there is missing or inaccurate information in their record. An individual who wishes to determine whether a record is being maintained under his or her name in the RCN system or wishes to determine the contents of such records should submit a written request or apply in person to the VA facility where the records are located. Requests should contain the full name, address and telephone number of the individual making the inquiry. (Per 64VA15 SORN)

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 individuals 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.

Access to RCN is controlled through form authentication and assigned user roles, each with unique combinations of privileges within the system. All users of the RCN system are required to complete annual information system security training activities including security awareness training and specific information system security training. Annual training on VA Privacy and

Information Security Awareness is tracked on the VA TMS. All users of the RCN system are required to complete annual information system security training activities including basic security awareness training and specific information system security training provided via the Talent Management System (TMS).

Account creation within RCSNet is available only to NSS. Vet Centers and District Offices however have access to the appropriate form that they need to fill out to add new users to RCSNet. This form is the “New Personnel Fact Sheet”, and Vet Centers will fill it out and submit it to the District Office for verification. Once the District Office verifies that the information included on the form is correct, they will sign the form and submit it to NSS via SharePoint. All account creation requests are handled the same way.

Account creation requests are authorized/approved by District Office staff, who sign the form after verifying that the information is correct. They submit the form to NSS, where we verify the user doesn't already have an account and then we create the account if everything on the form is filled out correctly.

Elevated privileges are handled by the position they request in the form (Ex Counselors -1, Office Manager -2 ,VC Director- 3 , District Staff - 4)

They are approved in the same manner as VC users.

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 will have access to the system.

VA contract employee access is verified through the Contracting Officer's Representative (COR) and other VA supervisory/administrative personnel before access is granted to any VA system. Contractor access is reviewed annually at a minimum. 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 Talent Management System (TMS). All contractors are vetted using the VA background investigation process and must obtain the appropriate level background investigation for their role. Contractors with systems administrative access are required to

complete additional role-based training prior to gaining system administrator access. Generally, contracts are reviewed at the start of the initiation phase of acquisitions and again during procurement of option years by the Contracting Officer, Information Security Officer, Privacy Officer, COR, Procurement Requestor/Program Manager, and any other stakeholders required for approval of the acquisition. Contracts generally have an average duration of 1-3 years and may have option years stipulated in the original contract.

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.

Personnel that will be accessing information systems must read and acknowledge their receipt and acceptance of the VA National Rules of Behavior (ROB) or VA Contractor's ROB prior to gaining access to any VA information system or sensitive information. The rules are included as part of the VA Privacy and Security Awareness training which all personnel must complete via the VA's Talent Management System (TMS). After the user's initial acceptance of the Rules, the user must re-affirm their acceptance annually as part of the privacy and security awareness training. Acceptance is obtained via electronic acknowledgment and is tracked through the TMS system. All users with access to VA sensitive information or information system must complete VA Privacy and Security Awareness Rules of Behavior Training (TMS#10176) initially and annually thereafter. Additionally, if users will be accessing protected health information (PHI) data VA HIPAA Privacy training (TMS#10203) is required initially and annually thereafter.

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

If Yes, provide:

- 1. The Security Plan Status – Implemented*
- 2. The Security Plan Status Date – 2022-12-30*
- 3. The Authorization Status – Granted authorization for 180 days*
- 4. The Authorization Date -6/10/2022*
- 5. The Authorization Termination Date – 07/12/2022*
- 6. The Risk Review Completion Date – 2021-11-30*
- 7. The FIPS 199 classification of the system (LOW/MODERATE/HIGH)- RCN is FIPS 199 (MODERATE) system.*

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. N/A

Section 9 – Technology Usage

The following questions are used to identify the technologies being used by the IT system or project.

9.1 Does the system use cloud technology? If so, what cloud model is being utilized? N/A

If so, Does the system have a FedRAMP provisional or agency authorization? If the system does use cloud technology, but does not have FedRAMP authorization, explain how the Cloud Service Provider (CSP) solution was assessed and what FedRAMP documents and processes were used for the assessment in order to comply with VA Handbook 6517. Types of cloud models include: Software as a Service (SaaS), Infrastructure as a Service (IaaS), Platform as a Service (PaaS), Commercial off the Shelf (COTS).

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

Note: For systems utilizing the VA Enterprise Cloud (VAEC), no further responses are required after 9.1.

N/A

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

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

N/A

9.3 Will the CSP collect any ancillary data and if so, who has ownership over the ancillary data?

Per NIST 800-144, cloud providers hold significant details about the accounts of cloud consumers that could be compromised and used in subsequent attacks. Ancillary data also involves information the cloud provider collects or produces about customer-related activity in the cloud. It includes data collected to meter and charge for consumption of resources, logs and audit trails, and other such metadata that is generated and accumulated within the cloud environment.

This question is related to privacy control DI-1, Data Quality.

N/A

9.4 NIST 800-144 states, “Organizations are ultimately accountable for the security and privacy of data held by a cloud provider on their behalf.” Is this principle described in contracts with customers? Why or why not?

What are the roles and responsibilities involved between the organization and cloud provider, particularly with respect to managing risks and ensuring organizational requirements are met?

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

N/A

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

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

N/A

Section 10. References

Summary of Privacy Controls by Family

Summary of Privacy Controls by Family

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

ID	Privacy Controls
UL-1	Internal Use
UL-2	Information Sharing with Third Parties

Signature of Responsible Officials

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

Privacy Officer, Lisa Walker

Information System Security Officer, Temperance Leister

Information System Owner, Robert Gaylor

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).

Link to VA Privacy Website: [VA Privacy Service](#) Link to VHA Notice of Privacy

Practices: http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3147