



Privacy Impact Assessment for the VA IT System called:

# Homeless Management Information Systems

## (HMIS)

## Veterans Health Administration (VHA)

## Mental Health Services

Date PIA submitted for review:

3/14/2023

System Contacts:

*System Contacts*

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## Abstract

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

The Department of Housing and Urban Development (HUD) has mandated that Continuums of Care (CoC) for the homeless implement Homeless Management Information Systems (HMIS) in their local jurisdictions. These applications have enabled national-level reporting on homelessness that include data on homeless Veterans. The HMIS applications and the data they provide enable communities to identify service gaps, track program successes, and identify clients that are served by more than one homeless program. The Department of Veterans Affairs is committed to participation in the HMIS homeless program.

## Overview

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

### *1 General Description*

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

Homeless Management Information Systems  
(HMIS)  
Program Office: Mental Health Services

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

The VA's Homeless Management Information Systems (HMIS) application, owned by the Veterans Health Administration (VHA) Homeless Programs Office, is one component of a larger project to create a VA Registry of homeless Veterans. The VA's HMIS is referred to as the 'HMIS Repository' because it's a comprehensive repository (data warehouse) of information about homeless Veterans who receive services provided by VA administered programs. Supportive Services for Veteran Families (SSVF) grantees enter client-level data into local homeless management systems, which receive funding from the Department of Housing and Urban Development but are operated by independent Continuums of Care (CoCs). The VA HMIS Repository is essentially a gateway for sending data. It collects data exported from HMIS applications around the country, validates it, processes it into a structural dataset, and transfers it to a different application called the VA Homeless Registry (which is a component of the Analytics and Business Intelligence LAN) where data analysis and reporting occur. HMIS does this by providing a secure web-based interface that allows users to upload a zipped file containing data that they have extracted from their HMIS applications, either in the HUD HMIS Comma Separated Value (CSV) or HUD HMIS Extensible Markup Language (XML) formats. The VA HMIS Repository transfers data to the VA Homeless Registry (ABI LAN) via a batch process that runs every 24 hours. This batch process is a one-way data bridge that allows HMIS to upload data to the VA Homeless Registry for future analysis and reporting. Another capability of the VA HMIS web interface is that it provides HMIS CoCs or SSVF grantees with access to the Status Query and Response Exchange System (SQUARES). The goal of SQUARES is to provide homeless service providers the ability to make preliminary VA service and benefit eligibility determinations for

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their clients in order to initiate targeted enrollment referrals. The system functions by sending the personal identifiers for an individual client record as an electronic query to the VA/DoD Identity Repository (VADIR). VADIR then queries various identity repositories until a match is made or no record is found. SQUARES will then return a 'Yes', 'No', or 'Inconclusive' response; no Veteran PII/PHI data is returned. SQUARES give users the ability to identify if someone is a Veteran, an essential first step that can lead to housing, benefits, health, and mental health services. Future releases of HMIS will use the Eliminate the Veteran Homelessness (EVH) service to send Veteran status queries and results to and from the Data Access Services (DAS) Gateway and the Veteran Information/Eligibility Record Services (VIERS).

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

The VA's Homeless Management Information Systems (HMIS) application, owned by the Veterans Health Administration (VHA) Homeless Programs Office, is one component of a larger project to create a VA Registry of homeless Veterans

## *2. Information Collection and Sharing*

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

The VA's Homeless Management Information Systems (HMIS) Application is owned by the Veterans Health Administration (VHA) Homeless Programs Office and hosted at the Philadelphia Information Technology Center (PITC). The VA's HMIS is referred to as the HMIS Repository because it's a comprehensive repository (data warehouse) of information about homeless Veterans who receive services provided by VA administered programs. Supportive Services for Veteran Families (SSVF) grantees enter client-level data into local homeless management systems which receive funding from the Department of Housing and Urban Development (HUD) but are operated by independent Continuums of Care (CoCs). Approximate number of records expected to be stored in this system is 200,000 to 500,000. Title 38, United States Code, Section 501 is the legal authority for operation/maintenance of this system. Public Law 99-272, Consolidated Omnibus Budget Reconciliation Act of 1985, enacted April 7, 1986. Public Law 110-387, Veterans' Mental Health and Other Care Improvements Act of 2008.

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

The VA's Homeless Management Information Systems (HMIS) Application is owned by the Veterans Health Administration (VHA) Homeless Programs Office and hosted at the Philadelphia Information Technology Center (PITC). The VA's HMIS is referred to as the HMIS Repository because it's a comprehensive repository (data warehouse) of information about homeless Veterans who receive services provided by VA administered programs. Supportive Services for Veteran Families (SSVF) grantees enter client-level data into local homeless management systems which receive funding from the Department of Housing and Urban Development (HUD) but are operated by independent Continuums of Care (CoCs).

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

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receive services provided by VA administered programs. Supportive Services for Veteran Families (SSVF) grantees enter client-level data into local homeless management systems which receive funding from the Department of Housing and Urban Development (HUD) but are operated by independent Continuums of Care (CoCs). Approximate number of records expected to be stored in this system is 200,000 to 500,000. Title 38, United States Code, Section 501 is the legal authority for operation/maintenance of this system. Public Law 99-272, Consolidated Omnibus Budget Reconciliation Act of 1985, enacted April 7, 1986. Public Law 110-387, Veterans' Mental Health and Other Care Improvements Act of 2008.

*G. Whether the system is operated in more than one site, and if so, a description of how use of the system and PII is maintained consistently in all sites and if the same controls are used across sites.*

The HMIS Repository external interface design consists of a secure (HTTPS) web application accessed by end users at local CoCs. HMIS Repository is hosted at the PITC Web Operations network. PITC is one of several national data centers which are part of Infrastructure Operations (IO). IO directs all operations and maintenance activities associated with the Enterprise VA IT infrastructure, which encompasses all inherently corporate, mission-critical, and other IT systems for which a high degree of standardization in operation and management is required. The PITC data center operates and maintains external and internal web-based applications used by the various VA business lines, manages the Veterans Benefit Administration (VBA) and Philadelphia datacenter operations, and manages VBA's enterprise email system. The Web Operations network consists of application servers, database servers, communication processors, and hardware to support the hosted systems and applications. Web Operations relies on the network attached storage (NAS) infrastructure for storage and redundancy of data. All HMIS servers are Virtual Machine (VM) servers residing in the PITC VMWare Farm.

### *3. Legal Authority and SORN*

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

*Public Law 99-272, Consolidated Omnibus Budget Reconciliation Act of 1985, enacted April 7, 1986. Public Law 110-387, Veterans' Mental Health and Other Care Improvements Act of 2008.*

*Authority for maintenance of the system: Title 38 United States Code Section 501.*  
<https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>

*The information collected by this system falls under SORN 121VA10A7, "National Patient Databases-VA".* <https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>. Authority for maintenance of the system: Title 38 United States Code Section 501.

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

N/A

### *D. System Changes*

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

No

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

No

## Section 1. Characterization of the Information

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

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

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

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

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

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

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

Health Insurance  
 Veteran Status  
 Disabling Condition  
 Residence Prior to Program Entry  
 Length of stay in Previous Place  
 Zip Code of Last Permanent Address  
 Housing Status  
 Program Entry Date  
 Program Exit Date  
 Unique Person Identification Number  
 Household Identification Number  
 Source and Amount of Income  
 Income Received in Last 30 Days  
 Non-Cash Benefits  
 Non-Case Benefits Received in Last 30 Days  
 Destination  
 Financial Assistance Provided  
 Housing Relocation & Stabilization Services Provided  
 Veteran's Information  
 Category of Permanent Housing  
 Formerly Chronically Homeless  
 Currently Chronically Homeless  
 Percent of Area Median Income (AMI)

**PII Mapping of Components (Servers/Database)**

**Homeless Management Information Systems** consists of **one** key components (servers/databases). Each component has been analyzed to determine if any elements of that component collect PII. The type of PII collected by **HMIS** and the reasons for the collection of the PII are in the table below.

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

*Internal Database Connections*

| <b>Database Name of the information system collecting/storing PII</b> | <b>Does this system collect PII? (Yes/No)</b> | <b>Does this system store PII? (Yes/No)</b> | <b>Type of PII (SSN, DOB, etc.)</b>  | <b>Reason for Collection/Storage of PII</b>   | <b>Safeguards</b>     |
|---|---|---|--|---|-----------------------|
| Database Server #1  | Yes   | Yes   | Name, date of birth, SSN, address, phone numbers, service and benefits information, as well as medical data. Name, Social Security Number, Data of Birth, Mother's | Identification of homeless Veterans; reachout to Veterans and communicate benefits; | Database is encrypted |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  | Maiden Name, Mailing Address, Zip Code, Phone Number(s), Email Address, Health Insurance Beneficiary Numbers, Current Medications, Previous Medical Records, Race, Ethnicity, Gender, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Length of stay in Previous Place, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Unique Person Identification Number, Household Identification Number, Source and Amount of Income, Income Received-in Last 30 Days, Non-Cash Benefits Received in Last 30 Days, Destination, Financial Assistance Provided, Housing Relocation & Stabilization Services Provided, Veteran's Information, Category of Permanent Housing, Formerly Chronically Homeless, Currently Chronically Homeless, Percent of AMI. | provide homeless Veterans access to health care. |  |
|--|--|--|--|--|--|

**1.2 What are the sources of the information in the system?**

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

*1.2a List the individual, entity, or entities providing the specific information identified above. For example, is the information collected directly from the individual as part of an application for a benefit, or is it collected from other sources such as commercial data aggregators?*

Supportive Services for Veteran Families (SSVF) grantees enter client-level data into HMIS applications across the country. The VA HMIS Repository provides a secure web interface that allows that data collected by SSVFs to be uploaded to the repository and transferred to the VA Homeless Registry for further analysis and reporting.

*1.2b Describe why information from sources other than the individual is required. For example, if a program's system is using data from a commercial aggregator of information or data taken from public Web sites, state the fact that this is where the information is coming from and then in question indicate why the system is using this source of data.*

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

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### **1.3 How is the information collected?**

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

*1.3a This question is directed at the means of collection from the sources listed in question 1.2. Information may be collected directly from an individual, received via electronic transmission from another system, or created by the system itself. Specifically, is information collected through technologies or other technologies used in the storage or transmission of information in identifiable form?*

The HMIS Repository does not collect data directly from the Veterans. HMIS receives secure electronic file transfers. There is no direct interconnection, however, Supportive Services for Veteran Families grantees using Department of Housing and Urban Development Homeless Management Information Systems located at Continuums of Care across the country upload files exported from their local HMISs to the VA HMIS via a web interface.

*1.3b If the information is collected on a form and is subject to the Paperwork Reduction Act, give the form's OMB control number and the agency form number.*

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

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

*1.4a Discuss whether and how often information stored in the system is checked for accuracy. Is information in the system checked against any other source of information (within or outside your organization) before the information is used to make decisions about an individual? For example, is there a computer matching agreement in place with another government agency? For systems that receive data from internal data sources or VA IT systems, describe the system checks to ensure that data corruption has not occurred during transmission.*

HMIS provides system messages and email notifications to end users and admins for the success or failure of the file uploaded. A dataset may be determined to be unusable if data quality is too low (e.g., there are clients with program entry dates that precede their program exit dates) and rejected altogether. The system provides the ability for administrative users to modify thresholds on a per-program basis and provides an overwrite warning when a file is uploaded into the system for a program that already contains an upload for the current month.

*1.4b If the system checks for accuracy by accessing a commercial aggregator of information, describe this process and the levels of accuracy required by the contract.*

N/A

#### **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*

Public Law 99-272, Consolidated Omnibus Budget Reconciliation Act of 1985, enacted April 7, 1986.  
Public Law 110-387, Veterans' Mental Health and Other Care Improvements Act of 2008.

Authority for maintenance of the system: Title 38 United States Code Section 501.

<https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>

SORN: 121VA10A7 "National Patient Databases-VA".

<https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>

<https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>. Authority for maintenance of the system: Title 38 United States Code Section 501.

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

*Consider the specific data elements collected and discuss the potential privacy risks and what steps, if any are currently being taken to mitigate those identified risks. (Work with your System ISSO to complete this section)*

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

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

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

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

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

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

Follow the format below when entering your risk assessment:

**Privacy Risk:** HMIS 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 aid the affected parties so that they may find the help they need to get through their crisis. By only collecting the minimum necessary information, the VA can better protect the individual's information. The local administrator provides approved and authorized users their access to HMIS. Furthermore, users of VA sensitive information complete a security awareness training on at least an annual basis.

## **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.*

HMIS Repository business benefits include the following capabilities:

- Define the inventory of agencies from which the VA programs are operated.
- Define Supportive Services for Veteran Families SSVF, Grant and Per Diem (GPD), and Health Care for Homeless Veterans (HCHV) programs from which data will come and match them to the program definition.
- Allow for the import of data from SSVF, GPD, and HCHV grantees and contractors HMIS applications into the Repository. All of these programs will use non-VA, locally run HMIS to enter data which is then uploaded into the VA HMIS Repository.
- Provide the ability to check data quality by comparing counts at different times, checking for capacity utilizations, and checking for missing responses.
- Reduces the overall data management burden by staff that are processing the data.
- Provide the ability to transfer data to the VA Homeless Registry, and possibly other data systems.
- Provide the ability to upload data sets compliant with current HUD data standards.
- Support federal policy mandates to develop local Coordinated Entry Systems that are often dependent on the collection of HMIS data. The capacity of the Repository to collect information from SSVF, GPD, and HCHV allows VA to encourage VA funded community providers to support federal policies and track their compliance with this mandate.
- Provide the ability to determine whether an individual is a Veteran eligible for services in realtime, avoiding the delays inherent in the traditional process of establishing eligibility. This can have a critical impact on the health and welfare of homeless Veterans who are at high risk for emergent health and mental health as delays in accessing care may result in serious health consequences.
- Uses:
  - *Name - Veteran’s identification*
  - *Social Security Number-used to verify Veteran identity and as a file number*
  - *Date of Birth- Veteran’s identification*
  - *Mother’s Maiden Name- Veteran’s identification*
  - *Mailing Address -Used to correspond with the Veteran*
  - *Zip Code - Used to correspond with the Veteran – statistical reporting*
  - *Phone Number(s) -Used to correspond with the Veteran*
  - *Email Address -Used to correspond with the Veteran*
  - *Health Insurance– used to support Veteran’s benefits eligibility*
  - *Current Medications -Assist front-line caregivers in care giving and case management – statistical reporting*
  - *Previous Medical Records -Assist front-line caregivers in care giving and case management– statistical reporting*
  - *Race – statistical reporting*
  - *Ethnicity – statistical reporting*

- *Gender – statistical reporting – support relocation to shelter*
- *Veteran Status – statistical reporting – support benefits, eligibility*
- *Disabling Condition-Assist front-line caregivers in care giving and case management– statistical reporting*
- *Residence Prior to Program Entry – statistical reporting– support relocation to shelter*
- *Length of stay in Previous Place– statistical reporting– support relocation to shelter– support benefits, eligibility*
- *Zip Code of Last Permanent Address– statistical reporting– support relocation to shelter– support benefits, eligibility*
- *Housing Status– statistical reporting– support relocation to shelter– support benefits, eligibility*
- *Program Entry Date– statistical reporting– support benefits, eligibility*
- *Program Exit Date– statistical reporting– support benefits, eligibility*
- *Unique Person Identification Number -Veteran’s identification –case management*
- *Household Identification Number–case management*
- *Source and Amount of Income– support benefits, eligibility – statistical reporting*
- *Income Received in Last 30 Days– support benefits, eligibility – statistical reporting*
- *Non-Cash Benefits – support benefits, eligibility – statistical reporting*
- *Non-Cash Benefits Received in Last 30 Days– support benefits, eligibility – statistical reporting*
- *Destination– support benefits, eligibility – statistical reporting*
- *Financial Assistance Provided– support benefits, eligibility – statistical reporting*
- *Housing Relocation & Stabilization Services Provided– support benefits, eligibility – statistical reporting*
- *Veteran’s Information– support benefits, eligibility – statistical reporting*
- *Category of Permanent Housing– support benefits, eligibility – statistical reporting*
- *Formerly Chronically Homeless– support benefits, eligibility – statistical reporting*
- *Currently Chronically Homeless– support benefits, eligibility – statistical reporting*
- *Percent of AMI– support benefits, eligibility – statistical reporting*

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

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

*2.2a Many systems sift through large amounts of information in response to a user inquiry or programmed functions. Systems may help identify areas that were previously not obvious and need additional research by agents, analysts, or other employees. Some systems perform complex analytical tasks resulting in, among other types of data, matching, relational analysis, scoring, reporting, or pattern analysis. Describe any type of analysis the system conducts and the data that is created from the analysis.*

The VA HMIS Repository provides a secure web interface that allows for data collected by SSVFs to be uploaded to the repository and transferred to the VA Homeless Registry for further analysis and reporting. No analysis is done by the HMIS Repository.

2.2b If the system creates or makes available new or previously unutilized information about an individual, explain what will be done with the newly derived information. Will it be placed in the individual's existing record? Will a new record be created? Will any action be taken against or for the individual identified because of the newly derived data? If a new record is created, will the newly created information be accessible to Government employees who make determinations about the individual? If so, explain fully under which circumstances and by whom that information will be used.

The VA HMIS Repository provides a secure web interface that allows for data collected by SSVFs to be uploaded to the repository and transferred to the VA Homeless Registry for further analysis and reporting. No analysis is done by the HMIS Repository.

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

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

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

- Secure electronic file transfer. Both HMIS Repository and the VA Homeless Registry (ABI LAN) are applications hosted by Infrastructure Operations (IO)

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

- 
- Secure electronic file transfer. Both HMIS Repository and the VA Homeless Registry (ABI LAN) are applications hosted by Infrastructure Operations (IO)

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

- 
- Secure electronic file transfer. Both HMIS Repository and the VA Homeless Registry (ABI LAN) are applications hosted by Infrastructure Operations (IO)

### **2.4 PRIVACY IMPACT ASSESSMENT: Use of the information.**

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

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

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

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

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

The VA Homeless Veterans SSVF Grantee Resources webpage provides users with HMIS and data collection guidance/training at <https://www.va.gov/HOMELESS/index.asp>

The System of Record Notice (SORN) 121VA10A7 – “National Patient Databases-VA”. This SORN can be found online at <https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>

*2.4a How is access to the PII determined?*

The System of Record Notice(s) (SORNs) that apply to this system define the information collected from Veterans, use of the information, and how the information is accessed and stored. The information collected is used for determining a Veteran’s eligibility and benefits, such as compensation or education

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

The types of controls that are in place for HMIS are as follows: The minimum-security requirements for HMIS a high impact system cover 17 security/privacy related 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/privacy related 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, Authority and Purpose (AP), Accountability, Audit, and Risk Management (AR), Data Quality and Integrity (DI), Data Minimization and Retention (DM), Individual Participation and Redress (IP), Security (SE), Transparency (TR), Use Limitation (UL). Our facilities employ all security/privacy controls in the respective high impact security control baseline unless specific exceptions have been allowed based on the tailoring guidance provided in NIST Special Publication 800-53 Rev 4 and specific VA directives.

*2.4c Does access require manager approval?*

Role based access limits the scope and access the users have to information in HMIS.

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

Users are trained how to handle sensitive information by taking VA Privacy and security awareness training and reading and attesting they understand the VA Rules of Behavior. Additionally, HMIS users must also take VA HIPPA focused training and VA Privacy and Information Security Awareness training

before gaining access to HMIS system both are required to be taken on an annual basis. Role based access limits the scope and access the users have to information in HMIS.

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

Every VA employee is responsible for protecting PII however the ultimate responsibility for an IT system falls upon the Information System Owner regarding safeguarding IT system data.

## **Section 3. Retention of Information**

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

### **3.1 What information is retained?**

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

- Name
- Social Security Number
- Date of Birth
- Mother's Maiden Name
- Mailing Address
- Zip Code
- Phone Number(s)
- Email Address
- Health Insurance
- Current Medications
- Previous Medical Records
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Residence Prior to Program Entry
- Length of stay in Previous Place
- Zip Code of Last Permanent Address
- Housing Status
- Program Entry Date
- Program Exit Date
- Unique Person Identification Number
- Household Identification Number
- Source and Amount of Income

- Income Received in Last 30 Days
- Non-Cash Benefits
- Non-Cash Benefits Received in Last 30 Days
- Destination
- Financial Assistance Provided
- Housing Relocation & Stabilization Services Provided
- Veteran's Information
- Category of Permanent Housing
- Formerly Chronically Homeless
- Currently Chronically Homeless
- Percent of AMI

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

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

The records are retained and disposed of in accordance with General Record Schedules (GRS) 5.2 020. GRS 5.2 020 disposition instructions are to destroy upon verification of successful creation of the final document or file, or when no longer needed for business use, whichever is later.

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

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

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

The records are disposed of in accordance with GRS 5.2 020. The GRS can be located at <https://www.archives.gov/files/records-mgmt/grs/grs05-2.pdf>.



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

The records are disposed of in accordance with GRS 5.2 020. The GRS can be located at <https://www.archives.gov/files/records-mgmt/grs/grs05-2.pdf>.

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

*Explain how records are destroyed, eliminated or transferred to NARA at the end of their mandatory retention period. Please give the details of the process. For example, are paper records shredded on site, or by a shredding company and accompanied by a certificate of destruction, etc.? This question is related to privacy control DM-2, Data Retention and Disposal.*

Electronic media sanitization, when the records are authorized for destruction (or upon system decommission) will be carried out in accordance with VA 6500 and NIST 800-53 Rev 4.

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

HMIS resides on a production, pre-production, and development environment. The production environment handles PHI/PII data; preproduction is used for staging the application after new releases/changes and before deploying to production; access to the development environment is strictly limited to the application developers. The HMIS program follows the guidance provided by the Veteran Focused Integration Process (VIP), and agreed upon requirements are worked and tested before the application is released to production. User testing may also take place as part of a new version release, depending on the extent of the changes. In addition, VHA programs may

need to train staff on functionality in the new or modified IT system. Training, including on IT systems, is part of health care operations and per VHA policy PII and PHI may be used for that training purpose. However, VHA must minimize the use of PII and PHI in training presentations or materials per VA Directive 6511.

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

*Discuss the risks associated with the length of time data is retained and what steps, if any, are currently being taken to mitigate those identified risks. (Work with your System ISSO to complete all Privacy Risk questions inside the document this section).*

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

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

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

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

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

Follow the format below:

**Privacy Risk:** There is a risk that the information maintained by HMIS 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, HMIS adheres to the Records Schedule approved by NARA. When the retention date is reached for a record, the individual's information is carefully disposed of by the determined method as described in Records Schedule in accordance with VA media destruction policies.

## **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>  |
|--|--|---|--|
| VA Homeless Registry (a component of the Analytics and Business Intelligence LAN, ABI LAN) Which is owned by the Analytics and Business Intelligence Program | Data uploaded to the HMIS Repository is transferred to the VA Homeless Registry for analysis and reporting       | Name Social Security Number Date of Birth Mother's Maiden Name Mailing Address Zip Code Phone Number(s) Email Address Health Insurance Beneficiary Numbers Current Medications Previous Medical Records Race Ethnicity Gender, Veteran Status Disabling Condition Residence Prior to Program Entry Length of stay in Previous Place Zip Code of Last Permanent Address Housing Status Program Entry Date Program Exit Date Unique Person Identification | Secure electronic file transfer. Both HMIS Repository and the VA Homeless Registry (ABI LAN) are applications hosted by Infrastructure Operations (IO) |

| <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> |
|---|--|---|---|
|   |  | Number Household Identification Number<br>Source and Amount of Income Income Received in Last 30 Days Non-Cash Benefits Non-Cash Benefits Received in Last 30 Days<br>Destination Financial Assistance Provided<br>Housing Relocation & Stabilization Services Provided<br>Veteran’s Information Category of Permanent Housing Formerly Chronically Homeless Currently Chronically Homeless<br>Percent of AMI |   |

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

*Discuss the privacy risks associated with the sharing of information within the Department and what steps, if any, are currently being taken to mitigate those identified risks. (Work with your System ISSO to complete all Privacy Risk questions inside the document this section).*

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

Follow the format below:

**Privacy Risk:** There is a risk that data transferred in the HMIS may be shared with unauthorized VA individuals or that authorized individuals may share it with other unauthorized individuals.

**Mitigation:** Access control procedures mitigate the chance of unauthorized users. Authorized users are required to sign the National Rules of Behavior (or Contractor Rules of Behavior) as part of the annual Privacy and Security Awareness training. In order to access HMIS data authorized users are required to authenticate through the use of Multi-Authentication with their Personal Identity Verification PIV card and pin.

## Section 5. External Sharing/Receiving and Disclosure

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

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

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

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

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

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

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

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

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

*Data Shared with External Organizations*

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

## **5.2 PRIVACY IMPACT ASSESSMENT: External sharing and disclosure**

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

*Discuss whether access controls have been implemented and whether audit logs are regularly reviewed to ensure appropriate sharing outside of the Department. For example, is there a Memorandum Of Understanding (MOU), contract, or agreement in place with outside agencies or foreign governments.*

*Discuss how the sharing of information outside of the Department is compatible with the stated purpose and use of the original collection.*

*This question is related to privacy control AR-2, Privacy Impact and Risk Assessment, AR-3, Privacy Requirements for Contractors and Service Providers, and AR-4, Privacy Monitoring and Auditing*

Follow the format below:

**Privacy Risk:** There is limited risk for external sharing of data contained in the HMIS system.

**Mitigation:** Currently, there is a not an authorized permanent external connection to the HMIS system. All data access is authorized through the VA.

## **Section 6. Notice**

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

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

*These questions are related to privacy control TR-1, Privacy Notice, and TR-2, System of Records Notices and Privacy Act Statements, and TR-3, Dissemination of Privacy Program Information.*

*6.1a This question is directed at the notice provided before collection of the information. This refers to whether the person is aware that his or her information is going to be collected. A notice may include a posted privacy policy, a Privacy Act statement on forms, or a SORN published in the Federal Register, Notice of Privacy Practice provided to individuals for VHA systems. If notice was provided in the Federal Register, provide the citation.*

The System of Record Notice (SORN) 121VA10A7 - National Patient Databases-VA. This SORN can be found online at <https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>.

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

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

*6.1c Describe how the notice provided for the collection of information is adequate to inform those affected by the system that their information has been collected and is being used appropriately. Provide information on any notice provided on forms or on Web sites associated with the collection.*

The System of Record Notice (SORN) 121VA10A7 - National Patient Databases-VA. This SORN can be found online at <https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>.

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

## **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.*

HMIS does not collect data directly from the individual therefore, any right to decline information would be expressed at the point of collection. The PII is provided by HUD, all Privacy notice is provided via HUD.

## **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.*



Not in the HMI system, any right to consent to particular uses of the information would be handled by the source systems that collect the information from the Veteran and are uploaded to the HMIS Repository.

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

*Describe the potential risks associated with potentially insufficient notice and what steps, if any, are currently being taken to mitigate those identified risks. (Work with your System ISSO to complete all Privacy Risk questions inside the document this section).*

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

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

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

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

Follow the format below:

**Privacy Risk:** There is a risk that members of the public may not know that the HMIS 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 PIA and a System of Record Notice.

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

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

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

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

*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.*

Individuals wishing to obtain more information about access, redress and record correction of HMIS system should contact the Department of Veteran's Affairs as directed in the System of Record Notice (SORN) 121VA10A7 – National Patient Databases-VA. This SORN can be found online at <https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>.

## **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.*

VHA Directive 1605.1 paragraph 8 states that an individual has the right to request an amendment to any information or records retrieved by the individual's name or other individually-identifiable information contained in a VA system of records, as provided in 38 CFR 1.579 and 45 CFR 164.526. The right to seek an amendment of this information or records is a personal right of the individual to whom the record pertains. The personal representative of a deceased individual has a right to request an amendment of the decedent's records.

An amendment request must be in writing, signed, and must adequately describe the specific information the individual believes to be inaccurate (i.e., faulty or not conforming exactly to truth), incomplete (i.e., unfinished or lacking information needed), irrelevant (i.e., inappropriate or not pertaining to the purpose for which records were collected), or untimely (i.e., before the proper time or prematurely) and the reason for this belief.

To correct HMIS information, participants should contact the SSVF grantee that provided them services. A list of grantees and contact information is available at [www.va.gov/homeless/ssvf](http://www.va.gov/homeless/ssvf).

Individuals wishing to obtain more information about access, redress and record correction of HMIS system should contact the Department of Veteran's Affairs as directed in the System of Record Notice (SORN) 121VA10A7 – "National Patient Databases-VA". This SORN can be found online at <https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>.

## **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.*

To correct HMIS information, participants should contact the SSVF grantee that provided them services. A list of grantees and contact information is available at [www.va.gov/homeless/ssvf](http://www.va.gov/homeless/ssvf). Also as stated in the written and published SORN as listed above, individuals seeking information regarding access to and contesting of records in this system may write or call the Director of National Data Systems (19F4), Austin Information Technology Center, 1615 Woodward Street, Austin, Texas 78772, or call the National Service Desk and ask to speak with the VHA Director of National Data Systems at 512–326–6780.

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

*Redress is the process by which an individual gains access to his or her records and seeks corrections or amendments to those records. Redress may be provided through the Privacy Act and Freedom of Information Act (FOIA), and also by other processes specific to a program, system, or group of systems. **Example: Some projects allow users to directly access and correct/update their information online. This helps ensure data accuracy.***

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

To correct HMIS information, participants should contact the SSVF grantee that provided them services. A list of grantees and contact information is available at [www.va.gov/homeless/ssvf](http://www.va.gov/homeless/ssvf)

Individuals wishing to obtain more information about access, redress and record correction of HMIS system should contact the Department of Veteran’s Affairs as directed in the System of Record Notice (SORN) 121VA10A7- National Patient Databases-VA. This SORN can be found online at <https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>.

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

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

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

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

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

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

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

Follow the format below:

**Privacy Risk:** The individual may also 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 HMIS system. Furthermore, this document and the SORN provide the point of contact for members of the public who have questions or concerns about this application: individuals may write or call the Director of National Data Systems (19F4), Austin Automation Center, 1615 Woodward Street, Austin, Texas 78772, or call the VA Austin Automation Center Help Desk and ask to speak with the VHA Director of National Data Systems at 512-326-6780.

## Section 8. Technical Access and Security

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

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

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

*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.*

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

OIT documents and monitors individual information system security training activities including basic security awareness training and specific information system security training. The documentation and monitoring are performed using the VA Talent Management System (TMS).

Access to HMIS is granted by submitting a VA Form 9957 Access Form with appropriate functional task codes to Program staff, who grant system access. System admins receive the 9957 requests, send it to the LDAP group for userID (Account Management) and they send the account information back to the system administrator. Elevated privilege occurs when a user is granted the ability to do more than a standard user. A standard user is someone that has “zero administrative” privileges in any capacity.

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

*If so, how frequently are contracts reviewed and by whom? Describe the necessity of the access provided to contractors to the system and whether clearance is required. If Privacy Roles and Responsibilities have been established to restrict certain users to different access levels, please describe the roles and associated access levels. Explain the need for VA contractors to have access to the PII. This question is related to privacy control AR-3, Privacy Requirements for Contractors and Service Providers.*

VA 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?**

*8.4a If Yes, provide:*

1. *The Security Plan Status:* was completed
2. *The System Security Plan Status Date:* 09/2/2022
3. *The Authorization Status:* was granted
4. *The Authorization Date:* 12-02-2022
5. *The Authorization Termination Date:* 05-31-2023
6. *The FIPS 199 classification of the system (LOW/MODERATE/HIGH):* High

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

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

Please provide response here

## **Section 9 – Technology Usage**

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

### **9.1 Does the system use cloud technology? If so, what cloud model is being utilized?**

*If so, Does the system have a FedRAMP provisional or agency authorization? If the system does use cloud technology, but does not have FedRAMP authorization, explain how the Cloud Service Provider (CSP) solution was assessed and what FedRAMP documents and processes were used for the assessment in order to comply with VA Handbook 6517. Types of cloud models include: Software as a Service (SaaS), Infrastructure as a Service (IaaS), Platform as a Service (PaaS), Commercial off the Shelf (COTS), Desktop as a Service (DaaS), Mobile Backend as a Service (MBaaS), Information Technology Management as a Service (ITMAaaS). This question is related to privacy control UL-1, Information Sharing with Third Parties.*

Not Applicable

**9.2 Does the contract with the Cloud Service Provider, Contractors and VA customers establish who has ownership rights over data including PII? (Provide contract number and supporting information about PII/PHI from the contract). (Refer to question 3.3.2 of the PTA) This question is related to privacy control AR-3, Privacy Requirements for Contractors and Service Providers.**

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.**

*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

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





**Signature of Responsible Officials**

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

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**Privacy Officer, Phillip Cauthers**

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**Information System Security Officer, James Alden**

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**Information System Owner, Temperance Leister**

## 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).

The System of Record Notice (SORN) 121VA10A7 - National Patient Databases-VA. This SORN can be found online at <https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02760.pdf>.

## **HELPFUL LINKS:**

### **Record Control Schedules:**

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

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

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

### **National Archives (Federal Records Management):**

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

### **VHA Publications:**

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

### **VA Privacy Service Privacy Hub:**

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

### **Notice of Privacy Practice (NOPP):**

[VHA Notice of Privacy Practices](#)

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