Privacy Impact Assessment for the VA IT System called:

Heuristic Behavioral Analytics (HBA)

Cyber Security Operations Center (CSOC)

VACO

Date PIA submitted for review:

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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.

Heuristic Behavioral Analytics, will be a significant part of VA's overall defensive security strategy which will provide comprehensive visibility into data and traffic as it enters, exits, and moves throughout the network.

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.
HBA- Heuristic Behavioral Analytics is owned by CSOC. HBA- Heuristic Behavioral Analytics

B. The business purpose of the program, IT system, or technology and how it relates to the program office and agency mission.
HBA- Heuristic Behavioral Analytics, will be a significant part of VA's overall defensive security strategy which will provide comprehensive visibility into data and traffic as it enters, exits, and moves throughout the network. The VA seeks continual analysis of heuristic behaviors by defining normal baselining behavior and traffic patterns this will provide a baseline to identify anomalies from. Alerts generated by anomalies to solution defined patterns and algorithms are forwarded to the appropriate security devices such as Security Orchestration Automation and Response (SOAR) and Security Information and Event Management (SIEM) or CSOC analyst. This enclave will be a hybrid with on-prem and VAEC AWS. The CoreLight Network Sensors will passively monitor the entirety of the VA network at full deployment. The Forcepoint UAM endpoint sensor will be deployed to all use endpoints and collecting user behavior data into a centralized database. The Forcepoint Behavioral Analytics will collect user behavior event data from UAM, CoreLight, Splunk and potentially other sources of user activity event data.

C. Indicate the ownership or control of the IT system or project.
VA Controlled /non-VA Owner and Operated.

2. Information Collection and Sharing

D. The expected number of individuals whose information is stored in the system and a brief description of the typical client or affected individual.
7000 people have information stored.

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

HBA is a privacy sensitive system that collects maintains, and/or processes PII on Veterans and/or dependents, VA employees and contractors, members of the public, clinical trainees, and volunteers. Any information stored in HBA will be used for bad actor analysis and potential civil/criminal investigation analysis and potential civil/criminal investigation.

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

Yes, refer to Data Shared with Internal Organizations chart.

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.

HBA is not operating in more than one site.

3. Legal Authority and SORN

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

11VA51/84 FR 16141 Criminal Investigations-VA16VA026/74FR 11182 Litigation Files-VA11VA51: AUTHORITY FOR MAINTENANCE OF THE SYSTEM: Inspector General Act of 1978, Public Law (P.L.) 95–452, 5 U.S.C. App., as amended through P.L. 115–254 (IG Act).16VA026: AUTHORITY FOR MAINTENANCE OF THE SYSTEM: 42 U.S.C. 2651 et seq.; 31 U.S.C. 3911; 28 U.S.C. 1346; 29 CFR 1600–1699; 38 U.S.C. 311.A026: AUTHORITY FOR MAINTENANCE OF THE SYSTEM: 42 U.S.C. 2651 et seq.; 31 U.S.C. 3911; 28 U.S.C. 1346; 29 CFR 1600–1699; 38 U.S.C. 311.11VA51/84 FR 16141 Criminal Investigations-VA16VA026/74FR 11182 Litigation Files-VA11VA51: AUTHORITY FOR MAINTENANCE OF THE SYSTEM: Inspector General Act of 1978, Public Law (P.L.) 95–452, 5 U.S.C. App., as amended through P.L. 115–254 (IG Act).16V

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?

SORN is over 6 years old and out of date. SORN POC is aware and working on update.
A new SORN is being developed for the initial collection of the data and the two SORNs listed – litigation and criminal investigations are representing the sharing of the data. That sharing will also be included in routine uses of the new SORN.

D. System Changes

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

N/A

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

N/A

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:

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

PII Mapping of Components (Servers/Database)

Heuristic Behavioral Analytics consists of **2** 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 **Heuristic Behavioral Analytics** and the reasons for the collection of the PII are in the table below.

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

Internal Database Connections

Database Name of the information system collecting/storing PII	Does this system collect PII? (Yes/No)	Does this system store PII? (Yes/No)	Type of PII (SSN, DOB, etc.)	Reason for Collection/ Storage of PII	Safeguards
Oracle1	Yes	Yes	• VA issued digital user IDs • Email address • IP addresses • Workstation activities	Data is only pulled for bad actor analysis.	Oracle
ES1	Yes	Yes	• IP addresses	Data is only pulled for bad actor analysis.	Elastic Search

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?

System involves information collected directly from individuals who are subjects of the information. Data is collected from VA network, end user devices and Splunk.

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.

Data is only pulled for subjects from Splunk as a correlation. HBA does not look for PII/PHI specifically in Splunk.

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

HBA

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?

Data is collected via sensors on the network.

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.

N/A

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.

Any information stored in HBA will be used for bad actor analysis and potential criminal investigation. This system is set up for high integrity using hashes for information verification.

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

196VA007/88 FR 12445 Insider Threat Program – VA

11VA51/84 FR 16141 Criminal Investigations-VA

16VA026/74FR 11182 Litigation Files-VA

11VA51: AUTHORITY FOR MAINTENANCE OF THE SYSTEM: Inspector General Act of 1978, Public Law (P.L.) 95–452, 5 U.S.C. App., as amended through P.L. 115–254 (IG Act).

16VA026: AUTHORITY FOR MAINTENANCE OF THE SYSTEM: 42 U.S.C. 2651 et seq.; 31 U.S.C. 3911; 28 U.S.C. 1346; 29 CFR 1600–1699; 38 U.S.C. 311.

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: Heuristic Behavioral Analytics (HBA) is a privacy sensitive system that collects, maintains, and/or processes Personally Identifiable Information on Veterans and/or dependents, VA employees and contractors, members of the public, clinical trainees, and volunteers. The risk is that this information could be inadvertently shared with unauthorized persons.

Mitigation: HBA is an internal only system. HBA encrypts data in use, at rest and in transit. Access is controlled to only CSOC authorized personnel with a need to know. All users must sign a non-disclosure agreement. Management approval and verified clearance level is required for access. Hashes are used for data validation.

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.

The IP address, first and last name, VA issued digital User ID's, SS#, DOB, Domain/username and email address could be used to identify a person of interest. All other information is used to determine network baseline activities.

PHI/PII Data collected

Check if applicable	*Title*	*List of Data elements*	*Internal*	*External*	*Both*
x	*Veterans or Dependent*	• *Name (First, Last MI)* • *Email address* • *IP addresses*	*X*		
x	*VA Employees*	• *VA issued digital User IDs* • *Email address* • *Domain/username* • *Name (First, Last MI)* • *IP Address* • *SS#* • *DOB*	*X*		
x	*VA Contractors*	• *VA issued digital User IDs* • *Email address* • *Domain/username*	*X*		

		• *Name (First, Last MI)* • *IP Address* • *SS#* • *DOB*			
x	*Members of the Public/Individuals*	• *Name (First, Last MI)* • *email address* • *IP addresses*	*X*		
x	*Volunteers*	• *Name (First, Last MI)* • *email address* • *IP addresses*	*X*		
x	*Clinical Trainees*	• *VA issued digital User IDs* • *Email address* • *Domain/username* • *Name (First, Last MI)* • *IP Address* • *SS#* • *DOB*	*X*		

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.

This is for internal system used for threat hunting only. Data ingested is network data for baseline activities to help denote abnormal use for further analysis.

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.

Information could be shared with VA Police or litigation for further analysis. HBA only pulls and gathers information for analysis based on predefined and approved rules.

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?

Data at Rest is protected by AWS container-level encryption for all systems. Data in-transit is secured by FIPS 140-2 compliant encryption. For web traffic this would be TLS 1.2 or later. Remote Admin access is via SSH (AES 256) or secure RDP. Key lengths are set to meet VA encryption requirements.

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

System is capable of a privacy (shielded user) mode that masks all data fields that could potentially reveal protected data, requiring manual unmasking for each screen/event. This impacts all users with all permissions.

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

Hashes are used for data validation. System is capable of a privacy (shielded user) mode that masks all data fields that could potentially reveal protected data. Verified security clearance and management approval required for data access.

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.

HBA system contains network data that may contain bad actors that require further analysis.

Please provide response here

2.4a How is access to the PII determined?

PII would be determined by the Analyst looking at the network data.

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

Yes

2.4c Does access require manager approval?

Yes

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

Yes access of the Analysts are monitored.

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

ISO

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*

All sensitive or non-sensitive information could be retained by an Analyst for use in an investigation of a person or persons of interest case only. Sensitive information is not retained unless there is an open case (person of interest). The IP address, first and last name, VA issued digital User ID's, SS#, DOB, Domain/username and email address could be used to identify a person of interest.

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.*

This item is currently being reviewed by VACO and OIT Records Management to determine if an existing NARA approved records schedule can be leveraged or a new one has to be developed for NARA approval.

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. 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?

No. All records used in subject investigations are saved outside of this application. Any information saved in this system is general network data that could be used for an investigation. This item is currently being reviewed by VACO and OIT Records Management to determine if an existing NARA approval records schedule can be leveraged or a new one has to be developed for NARA approval.

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

N/A

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.

HBA does not share data outside the VA. The VA owns and operates HBA there is no data to transfer. HBA is in accordance with VA Directive 6500 and NIST guidance.

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.

HBA training is for cleared individuals only. Training is done on the production system using VA data and individuals are cleared to view PII. All training is monitored, and VA management approved. Pre ATO testing was not done on or with live data.

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: Privacy risk is low overall. The privacy risk is data may be held longer than required thus increasing the risk of a breech. HBA is not intended as a PII collection system, and it does not index or store PII in such a way that makes it intentionally accessible. Any PII collected is incidental in the collection of user behavior data and associated data needed to provide necessary risk context. Storage policies align to the legal look back requirements for security investigations with the use of secure tiered-storage within the HBA VAEC AWS enclave.

Mitigation: HBA is not accessible from outside the VA. Access to the FBA component is secured by two-factor authentication and restricted to a limited number of cleared CSOC personnel. Access to UAM is via a non-standard port (TLS secured) requiring additional BPE changes for non-Admin access. Data older than the storage tier age date is aged to the next tier. Data aged out of final storage tier, be it hot, warm, or cold, is deleted as part of a regular Oracle maintenance task.

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

List the Program Office or IT System information is shared/received with	***List the purpose of the information being shared /received with the specified program office or IT system***	***List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program Office or IT system***	***Describe the method of transmittal***
Splunk ELW	Network data for analysis	• VA issued digital User IDs • Email address • Domain/username • IP addresses • Veterans Name • SS#	Secure data transfer using application programming interface (API)
OSP-Office of Strategic Policy InTP-Insider Threat Program	Network data for analysis	• VA issued digital User IDs • Email address • Domain/username • IP addresses	Manual Reports
Office of Inspector General OIG	Potential subject of interest/open case	• VA issued digital User IDs • Email address • Domain/username • IP addresses	Manual Reports
VA Police	Potential subject of interest/open case	• VA issued digital User IDs • Email address • Domain/username • IP addresses • Veterans Name • SS#	Manual Reports
		•	

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: Privacy risk is moderate overall. The privacy risk of internal sharing is that data may be shared with the wrong person or shared unencrypted. As of this time, data sharing is a manual process requiring the export of data, and or reports, encryption and transport of that data to the agent's workstation and then the transfer to the external department. Policies and controls exist to ensure the confidentiality and integrity of the data while in transit, but the opportunity for human error exists.

Mitigation: Formal processes covering the proper handling of all HBA generated data to ensure the controls necessary to prevent a spillage event are consistently applied. Data is only shared with internal VA personnel with a need to know using encrypted methods of transfer.

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

List External Program Office or IT System information is shared/received with	***List the purpose of information being shared / received / transmitted with the specified program office or IT system***	***List the specific PII/PHI data elements that are processed (shared/received/transmitted) with the Program or IT system***	***List the legal authority, binding agreement, SORN routine use, etc. that permit external sharing (can be more than one)***	***List the method of transmission and the measures in place to secure data***
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: N/A There is not a privacy risk for external sharing. This system doesn't share or receive data external from the VA

Mitigation: N/A

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.

196VA007/88 FR 12445 Insider Threat Program - VA
11VA51/84 FR 16141 Criminal Investigations-VA
16VA026/74FR 11182 Litigation Files-VA
https://www.oprm.va.gov/privacy/systems_of_records.aspx

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 collection scope of HBA is covered under the Federal consent banner used on all Federal systems.

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.

No, however no explicit information is asked of the user.

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.

No. This is covered by the Federal consent banner.

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: No risk**. There is no risk for not supplying notice as information is allowed to be collected on a VA system.**

Mitigation: The data collected, and its usage, is covered by the standard Federal consent banner on all systems.

Section 7. Access, Redress, and Correction

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

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

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

RECORD ACCESS PROCEDURES: Individuals, businesses or organizations seeking information regarding access to VA information maintained by the Office of General Counsel Central Office or Regional Counsel Offices may send a request by mail to the Assistant General Counsel, Professional Staff Group VI (026), Office of the General Counsel, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420.

7.1a Cite any procedures or regulations your program has in place that allow access to information. These procedures, at a minimum, should include the agency's FOIA/Privacy Act practices, but may

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

Thru chain of command and legal

7.1b If the system is exempt from the access provisions of the Privacy Act, please explain the basis for the exemption or cite the source where this explanation may be found, for example, a Final Rule published in the Code of Federal Regulations (CFR).

Exempt for criminal and civil litigation use.

7.1c If the system is not a Privacy Act system, please explain what procedures and regulations are in place that covers an individual gaining access to his or her information.

NA

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.

This is an automated, passive data collection system. The databases maintain data integrity and it can be traced back to the source data sensor. The data must be kept intact in its original format due to litigation/criminal investigation and cannot be corrected or altered in any way.
CONTESTING RECORD PROCEDURES: Individuals, businesses or organizations seeking information regarding access to VA information maintained by the Office of General Counsel Central Office or Regional Counsel Offices may send a request by mail to the Assistant General Counsel, Professional Staff Group VI (026), Office of the General Counsel, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420.

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.

As a passive, automated system there is no means for correction. It collects what it "sees". Individuals are not notified due to litigation/criminal investigation.

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

There is nothing to amend or revise. The data must be kept intact in its original format due to litigation/criminal investigation and cannot be corrected or altered in any way.

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: With highly restricted access, and no redress or correction process due to the nature of the data, the privacy risk is low.

Mitigation: None.

Section 8. Technical Access and Security

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

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

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

8.1a Describe the process by which an individual receives access to the system.

Verified security clearance and management approval are required for system access.

8.1b Identify users from other agencies who may have access to the system and under what roles these individuals have access to the system. Who establishes the criteria for what PII can be shared?

User access is highly restricted to VA IT security teams and HBA support staff. Access is handled through a Service Now workflow where the request is reviewed, approved by the system owner or their designee, and routed to the appropriate HBA admin for processing. PII or other sensitive data from HBA only distributed beyond those with direct access on a need to know basis and only under approval of the system owner or their designee.

8.1c Describe the different roles in general terms that have been created to provide access to the system. For example, certain users may have "read-only" access while others may be permitted to make certain amendments or changes to the information.

HBA system components support role based access controls (RBAC). HBA applies the principle of least-privilege to all HBA access. HBA systems roles continue to evolve with use cases with current roles consisting of Admin (Full access), Analyst (Read and Policy changes), and Auditor (Read Only).

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.

HBA is currently a VA owned, contractor operated system. All HBA architectural, engineering, and administrative functions are performed by VA contractors who have undergone appropriate background investigations and have completed VA Privacy and security awareness training and signed rules of behavior and HIPAA Privacy training and have submitted NDAs.

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.

Specific courses change as the program evolves, but core VA privacy training, PII and sensitive information handling, along with system-specific privacy management processes are required before any user is granted access to the HBA system.

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

8.4a If Yes, provide:

1. *The Security Plan Status:* Approved
2. *The System Security Plan Status Date:* 20-Jan-2023
3. *The Authorization Status:* Authorization to Operate (ATO)
4. *The Authorization Date:* 16-Feb-2023
5. *The Authorization Termination Date: 17-Feb-2024*
6. *The Risk Review Completion Date: 3-Feb-2023*
7. *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.***

21-Feb-2022

Section 9 – Technology Usage

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

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

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

Software as a Service (SaaS), Infrastructure as a Service (IaaS), Platform as a Service (PaaS), Commercial off the Shelf (COTS), Desktop as a Service (DaaS), Mobile Backend as a Service (MBaaS), Information Technology Management as a Service (ITMaaS). This question is related to privacy control UL-1, Information Sharing with Third Parties.

Note: For systems utilizing the VA Enterprise Cloud (VAEC), no further responses are required after 9.1*. (Refer to question 3.3.1 of the PTA)*

Yes, HBA uses cloud technology. Cloud model is Platform as a Service (PaaS) hosted in VAEC AWS. HBA has agency authorization.

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.*

HBA is a VA owned system operating on a VA managed cloud infrastructure so there is no ambiguity over VA's ownership of all HBA data.

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

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

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

The focus of HBA is essentially ancillary data, with PII collection being an artifact of the technology. As such, ownership of ancillary data or any other data collected by, or generated by, the HBA system is owned by the VA.

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.

Roles and Responsibilities with regards to the VAEC are well documented by the VA and VAEC. While still currently operating as an isolated network entity, the VAEC is administratively part of the VA.

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).

FBA's architecture makes heavy utilization of automation and scripting in the integration of numerous subsystems. For the purpose of this question, the component that may directly interact with PII in an autonomous fashion would be the Apache NiFi component which utilizes a micro-services type architecture for the automated Export, Transform, and Load (ETL) functions as well as data routing (message bus) functionality. NiFi automates the ingest of user activity data from a variety of sources into FBA. It is also utilized for exporting of FBA data to other VA systems such as the Event Data Warehouse. Apache NiFi does not utilize AI or any external logic in its data processing.

Section 10. References

Summary of Privacy Controls by Family

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

Signature of Responsible Officials

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

Tonya L. Facemire 234776

Digitally signed by Tonya L. Facemire 234776
Date: 2023.05.25 12:45:03 -04'00'

Privacy Officer, Tonya Facemire

SCOTT MILLER

Digitally signed by SCOTT MILLER
Date: 2023.05.25 13:18:56 -04'00'

Information System Security Officer, Scott Miller

KEITH FLEMING

Digitally signed by KEITH FLEMING
Date: 2023.05.25 17:11:38 -04'00'

Information System Owner, Keith Fleming

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).

11VA51/84 FR 16141 Criminal Investigations-VA
16VA026/74FR 11182 Litigation Files-VA
https://www.oprm.va.gov/privacy/systems_of_records.aspx

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