



Privacy Impact Assessment for the VA IT System called:

MuleSoft Cloud Enterprise - Anypoint Platform MinDSET

Veterans Health Administration

Kansas City VA Medical Center / Long Beach Office

Date PIA submitted for review:

05/08/2023

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 MuleSoft Cloud Enterprise - Anypoint Platform MinDSET will provide a real-time data stream from VistA to be utilized by VA employees at National Artificial Intelligence Institute (NAII)/ Office of Enterprise Integration (OEI) for development of a centralized command center for the hospital. The allowance for real time data to be used will facilitate staffing patient flow, acuity of issues, and identifying patients who need immediate response. The system is said to replace the manual paper process to timely address the patient and staffing needs.

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.

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET application is controlled by Kansas City VA Medical Center/ long beach Office within the Veteran Health Administration.

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

The MuleSoft Cloud Enterprise - Anypoint Platform MinDSET will provide a real-time data stream from VistA to be utilized by VA employees at National Artificial Intelligence Institute (NAII)/ Office of Enterprise Integration (OEI) for development of a centralized command center for the hospital. The allowance for real time data to be used will facilitate staffing patient flow, acuity of issues, and identifying patients who need immediate response.

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

MuleSoft Cloud Enterprise (MuleSoft-e) owned in collaboration between Veterans Affairs Office of Information and Technology (OI&T), Development, Security, and Operations (DevSecOps), Digital Transformation Center (DTC), and Veterans Affairs Central Office (VACO).

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.

VA MuleSoft-e processes information from Veterans or dependents, VA employees, and VA contractors. Program officials have identified the minimum PII data elements required to be processed by MuleSoft-e system. The data elements will be processed from VA System using automation via application programming interfaces (APIs) to support specific VA business process and the subset of the PII VA is authorized to collect. MuleSoft Cloud Enterprise – Anypoint Platform MinDSET will be

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utilized as a middleware connector, integration Platform as a Service (iPaaS). The Solution does not collect or retain any PII/ PHI. Only Metadata is stored in the MuleSoft Cloud Enterprise – Anypoint Platform.

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

In accordance with the VA Office of Information and Technology (OIT) guidance, MuleSoft-e will be deployed in AWS being managed by VACO. MuleSoft Cloud Enterprise – Anypoint Platform MinDSET will be utilized as a middleware connector, integration Platform as a Service (iPaaS). This solution is an on-premise Technical Reference Model (TRM) approved software installed on baseline OI&T Virtual Machine server, VistA. The software is said to allow dataflow through MuleSoft Cloud Enterprise to systems such as HL7 (Health Level 7 – patient information system), Arches (AgileMD eCART COVID-19 and Acute Care Clinical Deterioration Warning Software also known as eCART), Bed Management Solution (BMS), Palantir and Corporate Data Warehouse (CDW). The Solution does not collect or retain any PII/ PHI. Only Metadata is stored in the MuleSoft Cloud Enterprise – Anypoint Platform.

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

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET solution is an on-premise Technical Reference Model (TRM) approved software installed on baseline OI&T Virtual Machine server, VistA. The software is said to allow dataflow through MuleSoft Cloud Enterprise to systems such as Arches (AgileMD eCART COVID-19 and Acute Care Clinical Deterioration Warning Software also known as eCART), Bed Management Solution (BMS), Palantir and Corporate Data Warehouse (CDW), and patient information systems using HL7 (Health Level 7) messaging protocol. The allowance for real time data to be used will facilitate staffing patient flow, acuity of issues, and identifying patients who need immediate response.

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.

No, the solution will be utilized in the VAEC environment for Kansas City VA Medical Center.

3. Legal Authority and SORN

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

MuleSoft-e cites the following legal authority references: MuleSoft FedRAMP Package authorized since March 7, 2020. To obtain package, agency employees and contractors must complete OMB MAX registration form. The package name is MuleSoft Government Cloud. Authority to Operate (ATO) for MuleSoft-e was authorized on March 6, 2023 and valid through March 5, 2026.

The legal authorities that authorize MuleSoft-e also applies to the Anypoint Platform MinDSET to process PII/ PHI are as follows:

- 5 U.S.C. 552, "Freedom of Information Act," c. 1967
- 5 U.S.C. 552a, "Privacy Act," c. 1974
- 18 U.S.C. 1030 (a) (3), "Fraud and related activity in connection with computers."
- 38 U.S.C. 218, "Security and law enforcement on property under the jurisdiction of the Veterans Administration"

- OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems
- Information Technology Management Reform Act of 1996 (also known as the Clinger-Cohen Act)
- Federal Information Security Management Act (FISMA) of 2002.
- OMB M-03-22, OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002
- Executive Order 13103, Computer Software Privacy
- FIPS 199, Standards for Security Categorization of Federal Information and Information Systems
- FIPS 200, Minimum Security Requirements for Federal Information and Information Systems
- FIPS 201-1, Personal Identity Verification of Federal Employees and Contractors
- FIPS 140-2, Security Requirements for Cryptographic Module
- VA Handbook 6510, VA IDENTITY AND ACCESS MANAGEMENT, 2016
- VA Handbook 6500.2, Management of Data Breaches Involving Personal Information (SPI), 2016
- VA Directive 6066, Protected Health Information (PHI) and Business Associate Agreements Management, 2014

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 not required for the system as only metadata is stored in the MuleSoft Cloud Enterprise – Anypoint Platform MinDSET. The Solution does not collect or retain any PII/PHI. Data flow between application is covered by the SORN for VistA.

D. System Changes

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

No, the completion of this PIA will not result in any business process changes.

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

No, the completion of this PIA will not result in technological changes.

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

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(<https://vaww.va.gov/vapubs/>). If the system creates information (for example, a score, analysis, or report), list the information the system is responsible for creating.

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

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

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

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

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

- Patient IEN (Patient Internal Entry Number - VistA Patient Record Number), Patient ICN (Patient Integrated Control Number - National patient ID)
- Patient Demographics – race, gender, ethnicity, Date of Birth (DOB), Death date time, geographic locations, preferred language
- All Appointment, Surgery, Admission, Discharge and Transfer events
- Lab name, location, results
- Vitals name, result
- Allergy and Adverse Drug Event (ADE) type, ingredient/chemical, attendee staff
- Medication order and prescription name, dose, route, dates
- Progress notes and consultation information
- Patient diagnosis and procedural history
- Employee ID
- Facility ID and Station ID
- Staff name
- Employee information – user type i.e. doctor, physician, nurse, pharmacist, etc.; prescribing authority

PII Mapping of Components (Servers/Database)

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET 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 MuleSoft Cloud Enterprise – Anypoint Platform MinDSET 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
VistA	Yes	Yes	<ul style="list-style-type: none"> • Patient IEN, Patient ICN • Patient SSN • Patient Demographics – race, gender, ethnicity, Date of Birth (DOB), Death date time, geographic locations, preferred language • All Appointment, Surgery, Admission, Discharge and Transfer events • Lab name, location, results • Vitals name, result • Allergy and ADE type, ingredient/chemical • Medication order and prescription name, dose, route, dates 	MuleSoft acts as a dataflow between multiple application on the VistA desktop.	VistA HL7 messages copied to MuleSoft

			<ul style="list-style-type: none"> • Progress notes and consultation information • Patient diagnosis and procedural history • Employee ID • Facility ID and Station ID • Staff name • Employee information – user type i.e. doctor, physician, nurse, pharmacist, etc.; prescribing authority 		

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?

Source of data include two-way integration between multiple application on the VAEC environment. The data flow is through MuleSoft Cloud Enterprise to systems such as Arches (AgileMD eCART COVID-19 and Acute Care Clinical Deterioration Warning Software also known as eCART), Bed Management Solution (BMS), Palantir, Corporate Data Warehouse (CDW) and patient information systems using HL7 (Health Level 7) messaging protocol.

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.

Information from multiple application allow for real time data to be used will facilitate staffing patient flow, acuity of issues, and identifying patients who need immediate response.

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

Not applicable for this system.

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?

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET will be utilized as a middleware connector, integration Platform as a Service (iPaaS). This solution is an on-premise Technical Reference Model (TRM) approved software installed on baseline OI&T Virtual Machine server, Vista. The software is said to allow dataflow through MuleSoft Cloud Enterprise to systems such as HL7, Arches also known as eCART), BMS, Palantir and CDW.

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.

This is not applicable for the system.

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.

Personally Identifiable Information is processed in the system and not maintained or retrievable. It is used in transport as a Platform as a Service (PaaS) middleware.

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.

This is not applicable.

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

List the full legal authority for operating the system, specifically the authority to collect the information listed in question 1.1. Provide the authorities in a manner understandable to any potential reader, i.e., do not simply provide a legal citation; use statute names or regulations in addition to citations. Legal authorities include Federal laws, regulations, statutes, and Executive Orders. This question is related to privacy control AP-1, Authority to Collect

The legal authorities that authorize MuleSoft-e also applies to the Anypoint Platform MinDSET to process PII/ PHI are as follows:

- 5 U.S.C. 552, "Freedom of Information Act," c. 1967
- 5 U.S.C. 552a, "Privacy Act," c. 1974
- 18 U.S.C. 1030 (a) (3), "Fraud and related activity in connection with computers."
- 38 U.S.C. 218, "Security and law enforcement on property under the jurisdiction of the Veterans Administration"
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- Information Technology Management Reform Act of 1996 (also known as the Clinger-Cohen Act)
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- Executive Order 13103, Computer Software Privacy
- FIPS 199, Standards for Security Categorization of Federal Information and Information Systems
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- FIPS 201-1, Personal Identity Verification of Federal Employees and Contractors
- FIPS 140-2, Security Requirements for Cryptographic Module
- VA Handbook 6510, VA IDENTITY AND ACCESS MANAGEMENT, 2016
- VA Handbook 6500.2, Management of Data Breaches Involving Personal Information (SPI),2016
- VA Directive 6066, Protected Health Information (PHI) and Business Associate Agreements Management, 2014

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: The system processes Personally Identifiable Information (PII) and Personal Health Information (PHI). Due to the highly sensitive nature of this data, there is a risk that, if the data were accessed by an unauthorized individual or otherwise breached, serious personal, professional, or financial harm may result for the individuals affected.

Mitigation: The system employs a variety of security measures designed to ensure that the information is not inappropriately disclosed or released. Electric safeguards and security controls are in place as well as access control, awareness and training, audit, and accountability, certification, accreditation. The system operates under guidance provided in the National Institute of Standards and Technology (NIST) Special Publication 800-37 and specific VA directives.

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.

Data flow through the MuleSoft Cloud Enterprise – Anypoint Platform MinDSET are:

- Patient Internal Entry Number (IEN)- VistA Patient Record number
- Patient Integrated Control Number (ICN) - referenced to the Nation Patient ID
- Patient SSN identify the patient (veteran / dependent)
- Patient demographic – race, gender, ethnicity, Date of Birth (DOB), Death date time, geographic locations, preferred language captured specific information for identification and preference.
- All Appointment, Surgery, Admission, Discharge and Transfer events - Patient related information and historic information for reporting
- Lab name, location, results - identify lab for rules and reporting
- Vitals name, result- identify lab for rules and reporting

- Allergy and Adverse Drug Event (ADE) type, ingredient/chemical, attendee staff - Patient related information and historic information for reporting
- Medication order and prescription name, dose, route, dates - Patient related information and historic information for reporting
- Progress notes and consultation information - Patient related information and historic information for reporting
- Patient diagnosis and procedural history - patient history and diagnosis information
- Employee ID – used to identify staff - employee/ clinical trainee ordering lab
- Facility ID and station ID – used to identify patient location
- Staff name – used to identify staff - employee/ clinical trainee ordering lab work for the patient
- Employee Information – user type i.e. doctor, physician, nurse, pharmacist, etc.; prescribing authority used for employee/ clinical trainee information/ identification.

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.

MuleSoft-e acts as an integration Platform as a Service (iPaaS). Only meta-data is captured on the MuleSoft Cloud enterprise. Data processed is not a permanent repository and is updated in internal VA source systems. Analysis will be conducted on source system, Vista.

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.

This is not applicable.

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?

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET does not retain data. The information in transit and at rest are protected with FIPS 140-2 certified encryption.

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

SSN is not retained in the system. The system only processes the information between systems in VistA.

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

The system MuleSoft Cloud Enterprise – Anypoint Platform MinDSET involves managerial/supervisory assignment of functional categories restricting employee access to systems information.

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.

2.4a How is access to the PII determined?

PII access is determined for the user-facing systems which may consume data from Mulesoft Cloud Enterprise. These systems already have such access approval processes in place. Mulesoft Cloud Enterprise itself is not user-facing and does not provide a means to directly interact with PII data.

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

Not applicable.

2.4c Does access require manager approval?

Not applicable.

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

Not applicable.

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

Not applicable.

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*

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET is a middleware connector, integration PaaS. Data is not retained within the system.

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.*

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET is an integration. Information flow through the MuleSoft cloud and is not retained.

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?

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET is an integration. Information flow through the MuleSoft cloud and is not retained.

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

This is not applicable for the system.

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.

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET is an integration. Information flow through the MuleSoft cloud and is not retained.

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.

The use of PII during research, testing, and training is reduced, when possible, to minimize risk. PII is not used in research. PII is minimally used in testing and training when de-identifier data is not able to be used due to system constraints. Instances of testing and training that contain PII, adherence to VA Handbook 6500 is followed.

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: PII is processed but not retained or retrievable. Hardware loss or theft is a risk.

Mitigation: The privacy risk is mitigated by the security controls in place by the MuleSoft cloud platform. VA Handbook 6500 and 6301 as well as NIST 800-53 moderate impact defined set of controls are followed.

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
Veterans Health Administration – VistA	MuleSoft Anypoint Platform MinDSET acts as a connector between application on the VistA. It acts as a data flow between applications.	<ul style="list-style-type: none"> • Patient IEN, Patient ICN • Patient SSN • Patient Demographics – race, gender, ethnicity, Date of Birth (DOB), Death date time, geographic locations, preferred language. • All Appointment, Surgery, Admission, Discharge and Transfer events • Lab name, location, results • Vitals name, result • Allergy and ADE type, ingredient/chemical • Medication order and prescription name, dose, route, dates • Progress notes and consultation information • Patient diagnosis and procedural history • Employee ID • Facility ID and Station ID • Staff name • Employee information – user type i.e. doctor, physician, nurse, pharmacist, etc.; prescribing authority 	VistA HL7 messages copied to MuleSoft

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: Risk is associated will be information being accessed by unauthorized individuals.

Mitigation: Privacy risk from Mulesoft Cloud Enterprise would be incurred at user-facing systems that consume data from Mulesoft Cloud Enterprise. Access approval processes are already in place for these systems. Mulesoft Cloud Enterprise is not user-facing and does not store or provide a means to directly interact with PII data.

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: This is not applicable for the system.

Mitigation: This is not applicable for the system.

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.

MuleSoft-e is a Platform as a Service (PaaS) and is considered middleware. Data is not collected but passed through the system. A System of Records Notice (SORN) is not required. This Privacy Impact Assessment (PIA) serves as notice 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.

MuleSoft Cloud Enterprise only stores metadata. Dataflow is through VAEC hence a notice is not required.

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.

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET does not collect or retain information. The source system collecting and retaining the information provides the notice to Veterans and/ or dependents. Via the VHA Notice of Privacy Practice (NOPP) https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=9946 explains the collection and use of protected health information to individuals receiving health care from VA. The NOPP is mailed every three years or when there is a major change to all enrolled Veterans. Non-Veterans receiving care are provided the notice at the time of their encounter.

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.

This is done outside of the system since MuleSoft Cloud Enterprise – Anypoint Platform MinDSET is a middleware which does not collect information.

Source Information is requested when it is necessary to administer benefits to veterans and other potential beneficiaries. While an individual may choose not to provide information, this may prevent them from obtaining the benefits necessary to them.

Employees and VA contractors are also required to provide the requested information to maintain employment or their contract with VHA

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.

This is not applicable to the system. MuleSoft Cloud Enterprise – Anypoint Platform MinDSET is a middleware and information is not collected. Dataflow is through the system. Source Information is used, accessed, and disclosed in accordance with the Privacy Act, 5 USC 552a, Title 38 USC 5701, Confidential Nature of Claims, Title USC 7332 and the HIPAA Privacy Rule 45 CFR. Individuals are provided with a copy of the Notice of Privacy Practices that indicates when information will be used without their consent and when they will be asked to provide consent. Individuals or their legal representative may consent to the use or disclosure of information via a written request submitted to their facility Privacy Officer. Individuals also have the right to request a restriction to the use of their information. The written request must state what information and/or to whom the information is restricted and must include their signature and date of the request

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: MuleSoft – Anypoint Platform MinDSET is a Platform as a Service (PaaS) and is considered middleware. Data is not collected but passed through the system. Privacy information may be collected by the source system.

Mitigation: The VA mitigates this risk by providing Veterans and other beneficiaries with multiple forms of notice of information collection, retention, and processing. This PIA is also utilized as a notice to the Veterans/ Dependents that the information is passing through various applications.

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.

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.

Not applicable. Mulesoft Enterprise Cloud is a pass-through middleware application and does not store patient information.

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).

Not applicable. Mulesoft Enterprise Cloud is a pass-through middleware application and does not store patient information.

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.

Not applicable. Mulesoft Enterprise Cloud is a pass-through middleware application and does not store patient information.

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.

Not applicable. Mulesoft Enterprise Cloud is a pass-through middleware application and does not store patient information.

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.

Not applicable. Mulesoft Enterprise Cloud is a pass-through middleware application and does not store patient information.

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.

Not applicable. Mulesoft Enterprise Cloud is a pass-through middleware application and does not store patient information.

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: Not applicable. MuleSoft Cloud Enterprise does not store or alter data and does not provide an interface to end users.

Mitigation: Not applicable. Access, redress and correction policies and procedures of systems that would consume data from MuleSoft Cloud Enterprise are already in place and would be applied as necessary.

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.

Software is not end user-facing. System administrators must be provisioned a non-mail enabled admin (NMEA) account through an e-PAS request.

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?

Users from other agencies will not have access to the system.

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.

System will only be accessible by administrators, whose role will be managing data connections.

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.

Contractors may have access to MuleSoft-e. All contractors sign the VA Rules of Behavior, just as VA Employees do, and they pass a Background Investigation prior to receiving access to VA Systems.

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, Contracting Officer Representative, 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. 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. System administrators are required to complete additional role-based training.

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

8.4a *If Yes, provide:*

1. *The Security Plan Status:* Please provide response here
2. *The System Security Plan Status Date:* Please provide response here
3. *The Authorization Status:* Please provide response here
4. *The Authorization Date:* Please provide response here
5. *The Authorization Termination Date:* Please provide response here
6. *The Risk Review Completion Date:* Please provide response here
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.*

In-process, Initial Operating Capability (IOC) of the system 04/24/2023.

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.

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, the system utilizes cloud technology. MuleSoft Cloud Enterprise – Anypoint Platform MinDSET is hosted in a MuleSoft-f FedRAMP environment with an active 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

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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.

Data is owned by the VA and is processed through MuleSoft based on VA guidelines. MuleSoft has the responsibility of notifying VA of actual or reasonably suspected unauthorized disclosure of VA Data by MuleSoft or those acting on its behalf. The contract number is VA118-16-D-1008. Information processed is in accordance with VA policies.

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.

No, the CSP will not collect any ancillary data.

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.

Data is owned by the VA and is processed through MuleSoft based on VA guidelines. MuleSoft has the responsibility of notifying VA of actual or reasonably suspected unauthorized disclosure of VA Data by MuleSoft or those acting on its behalf. Information processed is in accordance with VA policies. The ultimate accountability for the security and privacy held by the cloud provider on VA’s behalf is described in the contract # VA118-16-D-1008. Department of Veterans Affairs is the owner of all data to include PII. The magnitude of potential harm to the VA privacy release data is low to moderate due to the potential of identity theft or unauthorized release of PII. An unauthorized disclosure could negatively affect the reputation of the VA and MuleSoft as well as a reduction of public trust.

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).

MuleSoft Cloud Enterprise – Anypoint Platform MinDSET does not utilize Robotics Process Automation (RPA).

Section 10. References

Summary of Privacy Controls by Family

Summary of Privacy Controls by Family

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

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

Signature of Responsible Officials

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

Privacy Officer, Nancy Katz-Johnson

Information System Security Officer, Andrew Longtine

Information System Owner, Jerry Abernathy

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).

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](#)