



Privacy Impact Assessment for the VA IT System called:

# Salesforce – Community Veterans Engagement Board (CVEB)

Veterans Experience Office

Headquarters Directorate

eMASS ID: 1884 #

Date PIA submitted for review:

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System Contacts:

*System Contacts*

	Name	E-mail	Phone Number
Privacy Officer	Jose Gutierrez Jr.	Jose.Gutierrez10@va.gov	202-657-1755
Information System Security Officer (ISSO)	James Boring	James.Boring@va.gov	215-842-2000 x4613
Information System Owner	Michael Domanski	Michael.Domanski@va.gov	727-595-7291

## Abstract

*The abstract provides the simplest explanation for “what does the system do?”.*

The Salesforce – Community Veterans Engagement Board (CVEB) platform allows for the Veterans Experience Office (VEO) to account for the Community Veterans Engagement Boards (CVEB) within the network, individual CVEB members of the public, which organizations are a part of the network structure, and the CVEB’s self-selected areas of focus. Salesforce allows for the tracking of efficient two-way communication of local Veteran issues between the individual CVEB communities and the VA.

## 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. What is the IT system name and the name of the program office that owns the IT system?*

Information for Salesforce – Community Veterans Engagement Board (CVEB) is entered in Salesforce and maintained by the Veterans Experience Office, US Department of Veterans Affairs

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

The purpose of Salesforce – Community Veterans Engagement Board (CVEB) is to provide efficiency in VA’s mission to engage with local communities and improve community collaboration around issues impacting veterans of the armed force. The information contained in Salesforce – Community Veterans Engagement Board (CVEB) allows VEO personnel to enter and track board status, membership, focus areas, and more and to generate data to identify trends via the dashboard feature.

*C. Who is the owner or control of the IT system or project?*

Maintained by the Veterans Experience Office, US Department of Veterans Affairs. The system uses the Salesforce cloud with a FedRAMP authorization. Contract between VA and CSP establishes VA ownership of data including PII in the cloud. Contract states “Organizations are ultimately accountable for the security and privacy of data held by a cloud provider on their behalf.”

### *2. Information Collection and Sharing*

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

The number of individuals entered into the system is currently unlimited; at current count there are approximately 2,000 individuals but this number fluctuates as CVEB membership changes.

*E. What is a general description of the information in the IT system and the purpose for collecting this information?*

The purpose of Salesforce – Community Veterans Engagement Board (CVEB) is to provide efficiency in VA’s mission to engage with local communities and improve community collaboration around issues impacting veterans of the armed force. The information contained in Salesforce – Community Veterans Engagement Board (CVEB) allows VEO personnel to enter and track board status, membership, focus areas, and more and to generate data to identify trends via the dashboard feature.

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

No information is shared internally or externally.

*G. Is 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.

### 3. Legal Authority and SORN

*H. What is the citation of the legal authority to operate the IT system?*

These are the legal authorities that apply to the system. Title 38, United States Code, sections 501(a), 1705, 1710, 1722, 1722(a), 1781 and Title 5, United States Code, section 552(a). And SORN 155VA10NB.

*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?*

No.

### 4. System Changes

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

No.

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

No.

## Section 1. Characterization of the Information

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

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

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

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

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

*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. It must also match the information provided in question 3.4 of the PTA.*

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

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Name             | <input type="checkbox"/> Health Insurance       | <input type="checkbox"/> Integrated Control             |
| <input type="checkbox"/> Social Security             | <input type="checkbox"/> Beneficiary Numbers    | <input type="checkbox"/> Number (ICN)                   |
| <input type="checkbox"/> Number                      | <input type="checkbox"/> Account numbers        | <input type="checkbox"/> Military                       |
| <input type="checkbox"/> Date of Birth               | <input type="checkbox"/> Certificate/License    | <input type="checkbox"/> History/Service                |
| <input type="checkbox"/> Mother's Maiden Name        | <input type="checkbox"/> numbers <sup>1</sup>   | <input type="checkbox"/> Connection                     |
| <input type="checkbox"/> Personal Mailing            | <input type="checkbox"/> Vehicle License Plate  | <input type="checkbox"/> Next of Kin                    |
| <input type="checkbox"/> Address                     | <input type="checkbox"/> Number                 | <input checked="" type="checkbox"/> Other Data Elements |
| <input type="checkbox"/> Personal Phone              | <input type="checkbox"/> Internet Protocol (IP) | <input type="checkbox"/> (list below)                   |
| <input type="checkbox"/> Number(s)                   | <input type="checkbox"/> Address Numbers        |   |
| <input type="checkbox"/> Personal Fax Number         | <input type="checkbox"/> Medications            |   |
| <input type="checkbox"/> Personal Email              | <input type="checkbox"/> Medical Records        |   |
| <input type="checkbox"/> Address                     | <input type="checkbox"/> Race/Ethnicity         |   |
| <input type="checkbox"/> Emergency Contact           | <input type="checkbox"/> Tax Identification     |   |
| <input type="checkbox"/> Information (Name, Phone    | <input type="checkbox"/> Number                 |   |
| <input type="checkbox"/> Number, etc. of a different | <input type="checkbox"/> Medical Record         |   |
| <input type="checkbox"/> individual)                 | <input type="checkbox"/> Number                 |   |
| <input type="checkbox"/> Financial Information       | <input type="checkbox"/> Gender                 |   |

Other PII/PHI data elements: Organization Name, Business email, Business phone, website

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

<sup>1</sup> \*Specify type of Certificate or License Number (e.g., Occupational, Education, Medical)

Salesforce – Community Veterans Engagement Board (CVEB) consists of zero key components. Each component has been analyzed to determine if any elements of that component collect PII. The type of PII collected by Salesforce – Community Veterans Engagement Board (CVEB)- CVEB 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 server names in the table.

**The first table of 3.9 in the PTA should be used to answer this question.**

*Internal Components Table*

<b>Component Name (Database, Instances, Application, Software, Application Program Interface (API) etc.) that contains PII/PHI</b>	<b>Does this system collect PII? (Yes/No)</b>	<b>Does this system store PII? (Yes/No)</b>	<b>Type of PII (SSN, DOB, etc.)</b>	<b>Reason for Collection/ Storage of PII</b>	<b>Safeguards</b>
N/A	N/A	N/A	N/A	N/A	N/A

### **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?*

The sources of information in the system is collected directly from individuals. CVEB Members provide their personal and/or organizational information to assigned VA Veterans Experience Office (VEO) Headquarters (HQ) Directorate personnel. Any/all CVEB information collected is volunteered by the CVEBs/Members with no transactional services provided by VA.

*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 source other than the individuals is not required.

*1.2c Does the system create information (for example, a score, analysis, or report), list the system as a source of information?*

No.

### **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?*

No.

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

Information is collected directly from individual CVEB members in person, or via email or by direct input from VEO staff.

**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.*

PII is collected as part of demographic and record-keeping purposes for established CVEBs and community-based partnerships. Community-based partners include, but are not limited to, State and County Departments of Veterans Affairs; Veterans Service Organizations (VSO); non-profit resource providers; local Chambers of Commerce or other business entities focused on Veterans and Military Families; academic institutions; faith-based organizations; professional offices of elected officials; Department of Defense and National Guard leadership; and more. While most of these types of partnering organizations are engaged in their local CVEB, only contact information from participating CVEB members/organizations are maintained in the system. Access to the information facilitates communication between VEO personnel and the CVEB. VEO personnel are assigned to support each CVEB so the CVEB members have regular two-way communication with VEO. The support VEO provides includes connecting them with VA resources, toolkits, program information, and meeting attendance; this information can, in turn, be disseminated to Veterans in the local community. Should there be a change in VEO personnel, the system provides a comprehensive contact list for the new personnel.

*Information stored in the system is continuously maintained for accuracy by VA VEO personnel; VEO personnel typically review the information one to two times a month. Furthermore, internal quality checks are done by designated VEO personnel on a quarterly basis. Data is not transmitted between data sources.*

*1.4b Does the system check for accuracy by accessing a commercial aggregator of information, describe this process and the levels of accuracy required by the contract?*

No.

**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*

Information stored in the system is continuously maintained for accuracy by VA VEO personnel; VEO personnel typically review the information one to two times a month. Furthermore, internal quality checks are done by designated VEO personnel on a quarterly basis. Data is not transmitted between data sources.

These are the legal authorities that apply to the system. Title 38, United States Code, sections 501(a), 1705, 1710, 1722, 1722(a), 1781 and Title 5, United States Code, section 552(a). And SORN 155VA10NB

### **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 collects PII on individuals. If compromised, this information could cause privacy breach.

**Mitigation:** System access is limited to assigned VA personnel with appropriate security clearances. Only the minimum necessary information is collected. Authentication is in place for system users through PIV or username and password login.

## 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 that 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.*

PII/PHI Data Element	Internal Use	External Use
Name	File Identification purposes	Not used
Business Phone number	Used to contact individuals	(official use only)
Business Email	Used to contact individuals	(official use only)
Website	Used to contact individuals	(official use only)
Organization name	Used to contact individuals	(official use only)

### 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?*

Salesforce – Community Veterans Engagement Board (CVEB) generates standard reports of input data. Reports include, but are not limited to, Salesforce – Community Veterans Engagement Board (CVEB) by state; Progress of Board Membership; Meeting Milestones; and Function Indicator. This information is used by VEO to gauge the level of support needed by each CVEB and to track progress over time. No action will be taken against any identified individual because of the data derived from these reports.

*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.*

Any updated information will be done in the community contacts. No action will be taken against any identified individual because of the data derived from these reports.

### 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?

System access is limited to assigned VA personnel with appropriate security clearances. Only the minimum necessary information is collected. Authentication is in place for system users through PIV or username and password login.

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

Social Security Numbers are not collected, processed, retained, or shared.

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

System access is limited to assigned VA personnel with appropriate security clearances. Only the minimum necessary information is collected. Authentication is in place for system users through PIV or username and password login.

## **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? Yes*

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

*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?

Access to Salesforce – Community Veterans Engagement Board (CVEB) is restricted to individual members of VEO HQ as approved by HQ leadership. Access is monitored and tracked by HQ leadership. HQ leadership is responsible for safeguarding access to PII within the system.

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, monitored.

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

Access is monitored and tracked by HQ leadership. HQ leadership is responsible for safeguarding access to PII within the system.

## Section 3. Retention of Information

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

### 3.1 What information is retained?

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

Name

Business Email

Business Phone Number

Website

Organization Name

### 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.*

Information in Salesforce – Community Veterans Engagement Board (CVEB) will be retained until the conclusion of the Salesforce – Community Veterans Engagement Board (CVEB) program or unless otherwise determined by VA senior leadership (Office of the Secretary or Chief, VEO).

### 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?*

Yes.

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

Electronic Service Records are purged when they are no longer needed for current operation. Records are maintained and disposed of in accordance with records disposition authority approved by the Archivist of the United States, National Archives and Records Administration, and published in the VHA Records Control Schedule 10–1.

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

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

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

Records are maintained and disposed of in accordance with records disposition authority approved by the Archivist of the United States, National Archives and Records Administration, and published in the VHA Records Control Schedule 10–1

### **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.*

Yes.

### **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:** The system is collecting PII on individuals (name, phone number, duty title, organization name, and email address). If compromised, this information would not result in personal or financial hardship. The information could change over time and/or could be retained longer than necessary.

**Mitigation:** Electronic Service Records are purged when they are no longer needed for current operation. Records are maintained and disposed of in accordance with records disposition authority approved by the Archivist of the United States, National Archives and Records Administration, and published in the VHA Records Control Schedule 10–1.

[>>https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf](https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf)

## Section 4. Internal Sharing/Receiving/Transmitting and Disclosure

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

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

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

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

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

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

*Describe how the information is transmitted. For example, is the information transmitted electronically, by paper, or by some other means? Is the information shared in bulk, on a case-by-case basis, or does the sharing partner have direct access to the information?*

*This question is related to privacy controls AP-2, Purpose Specification, AR-3, Privacy Requirements for Contractors and Service Providers, AR-8, Accounting of Disclosures, TR-1, Privacy Notice, and UL-1, Internal Use.*

*Data Shared with Internal Organizations*

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

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

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

**Mitigation:** N/A

## 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.*

*If no External Sharing listed on the table above, (State there is no external sharing in both the risk and mitigation fields).*

*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

**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.*

Information is voluntarily provided by individuals who consent for use at the time they provide us with the information. SORN 155VA10NB <https://www.govinfo.gov/content/pkg/FR-2015-03-03/pdf/2015-04315.pdf>

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

Information is voluntarily provided by individuals who consent for use at the time they provide us with the information. SORN 155VA10NB <https://www.govinfo.gov/content/pkg/FR-2015-03-03/pdf/2015-04315.pdf>

*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.*

Information is voluntarily provided by individuals who consent for use at the time they provide us with the information.

**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.*

Yes, individuals have the opportunity and right to decline to provide information. No information is required to be provided, and there is no penalty or denial of service if not provided.

**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.*

Individuals are asked for consent prior to using personal information. Individuals can consent to or decline having their information retained.

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

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

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

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

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

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

Follow the format below:

**Privacy Risk:** There is a risk that an individual is unaware their contact information is being collected.

**Mitigation:** Individuals are notified by the applicable SORN, individuals voluntarily provide their contact information, and individuals have a geographically located VEO point of contact.

## 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.*

Agency's FOIA/Privacy Act practices. VEO has access to the CVEB information contained in Salesforce. All information entered into Salesforce by VEO is inaccessible to the public. If individuals request their information stored in Salesforce, VEO can provide screenshot of their Contact page.

*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)?*

Agency's FOIA/Privacy Act practices. VEO has access to the CVEB information contained in Salesforce. All information entered into Salesforce by VEO is inaccessible to the public. If individuals request their information stored in Salesforce, VEO can provide screenshot of their Contact page

*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?*

No the system is not a Privacy Act System. Agency's FOIA/Privacy Act practices. VEO has access to the CVEB information contained in Salesforce. All information entered into Salesforce by VEO is inaccessible to the public. If individuals request their information stored in Salesforce, VEO can provide screenshot of their Contact page

### 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.*

VA VEO HQ member(s) individually update/correct inaccurate/erroneous information. Individuals cannot directly input or update their contact information in Salesforce; input and updates must be maintained through VEO staff.

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

*How are individuals made aware of the procedures for correcting his or her information? This may be through notice at collection or other similar means. This question is meant to address the risk that even if procedures exist to correct information, if an individual is not made fully aware of the existence of those procedures, then the benefits of the procedures are significantly weakened. This question is related to privacy control IP-3, Redress, and IP-4, Complaint Management.*

Individuals are voluntarily providing their current information through personal verbal contact, phone calls, and email contacts. HQ POCs are responsible for validating this information, ensuring the most current contact information is maintained in the system. Ensuring this data is accurate is a recurring aspect of the HQ POCs' duties. If a community member sees information that is outdated or in any way inaccurate, the website provides the comment, "NOTE: Updates to community board information and questions on the location of a board can be sent to VAVEOCommunications@va.gov." so that corrections may be addressed.

### **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.*

Individuals may contact HQ staff member to obtain or make corrections to their 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:** There is risk that individuals are unaware of how to access or change their information in the system due to inaccessibility.

**Mitigation:** The risk of the information not being accurate is low. Quality assurance checks are done quarterly to ensure information is current and accurate. Although individuals external to VEO do not have direct access their information they are able to correct their information at any time by contacting their VEO point of contact.

## 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?*

User access for Salesforce – Community Veterans Engagement Board (CVEB)-CVEB platform limited to current VA VEO employees who have undergone proper security clearances. Read only access can be granted to others outside of VEO but within VA. The Community Veteran Engagement Board Liaison has authority to grant access to the Salesforce platform.

*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?*  
Currently there are no users from other agencies who may 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.*

1. Read/View Only (can ONLY view all users' records but cannot input or edit any records).
2. Relationship Owner (can input, edit, delete your own records, but cannot do the same to other user's records...can still view all users' records).
3. Administrator (Super User - can input, edit, or delete any records in the system)>>

### **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.*

No.

### **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.*  
VA Privacy Training.

#### **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:* 1/31/2023
3. *The Authorization Status:* Approved
4. *The Authorization Date:* 7/10/2023
5. *The Authorization Termination Date:* 7/10/2026
6. *The Risk Review Completion Date:* N/A
7. *The FIPS 199 classification of the system (LOW/MODERATE/HIGH):* Moderate

*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.***

## 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, Salesforce Government Cloud Plus

### 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.

<<No>>

### 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 >>

### 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.*

<<No agreement is in place between the VA and CSP. See PTA Question 3.3.2 >>

**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).*

<<No>>

## Section 10. References

### Summary of Privacy Controls by Family

*Summary of Privacy Controls by Family*

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



**Signature of Responsible Officials**

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

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**Privacy Officer, Jose Gutierrez**

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**Information System Security Officer, James Boring**

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**Information System Owner, Michael Domanski**

## 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; screen shot of a website collection privacy notice). SORN 155VA10NB <https://www.govinfo.gov/content/pkg/FR-2015-03-03/pdf/2015-04315.pdf>

## **HELPFUL LINKS:**

### **General Records Schedule**

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

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

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

### **VA Publications:**

<https://www.va.gov/vapubs/>

### **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](#)