

**Privacy Impact Assessment - 2009 (Form) / Decision Support System (DSS)-2009 (Item)**

**PIA SECTIONS 1 - 4**

**Part I. Project Identification and Determination of PIA Requirement**

**1. PROJECT IDENTIFICATION:**

**1.1) Project Basic Information:**

*1.1.a) Project or Application Name:*

Decision Support System (DSS)-2009

*1.1.b) OMB Unique Project Identifier:*

N/A

*1.1.c) Project Description*

*Project description is pre-populated from Exhibit 300 Part I.A.8. You will not be able to edit the description on this form.*

The DSS is a system that transforms day to day operational data into strategic information that is used by managers to make informed operational decisions. Clinical, financial and workload data is integrated into information used to improve the quality of veterans care. The Decision Support System (DSS) is the designated Managerial Cost Accounting (MCA) System of the Veterans Health Administration (VHA). This system is the VHA's only means of complying with Public Laws (e.g., PL 101-576-the Chief Financial Officers Act of 1990) that mandate the use of a MCA system that can assign costs to the product level. In October 2006, the VA Assistant Secretary for Management mandated that DSS be adapted for use as the Department's single MCA system. MCA operations at the Department of Veterans Affairs level will begin on October 1, 2007. There are no software or hardware modifications required to adapt DSS for use as the Department's single MCA system and no IT funding will be expended. DSS cost data is used at all levels of the VHA for important functions, such as cost recovery (billing), budgeting and resource allocation. Additionally, the system contains a rich repository of clinical information which is used to promote a more proactive approach to the care of high risk (i.e., diabetes and acute coronary patients) and high cost patients. The data in DSS is also used to calculate and measure the productivity of physicians and other care providers.

*1.1.d) Additional Project Information (Optional)*

*The project description provided above should be a concise, stand-alone description of the project. Use this section to provide any important, supporting details.*

**1.2) Contact Information:**

|  |                           |
|--|---------------------------|
| <b>1.2.a) Person completing this document:</b> |                           |
| <b>Title:</b>                                  | Lawrence Nedzbala         |
| <b>Organization:</b>                           | Office of Finance (175D)  |
| <b>Telephone Number:</b>                       | 781-275-9175 ext 122      |
| <b>Email Address:</b>                          | larry.nedzbala@med.va.gov |
| <b>1.2.b) Project Manager:</b>                 |                           |
| <b>Title:</b>                                  | Eric Burgess              |
| <b>Organization:</b>                           | Office of Finance (175)   |
| <b>Telephone Number:</b>                       | 781-275-9175 X103         |

|                                     |                         |
|-------------------------------------|-------------------------|
| <b>Email Address:</b>               | eric.burgess@med.va.gov |
| <b>1.2.c) Staff Contact Person:</b> |                         |
| <b>Title:</b>                       | Eric Burgess            |
| <b>Organization:</b>                | Office of Finance (175) |
| <b>Telephone Number:</b>            | 781-275-9175 X103       |
| <b>Email Address:</b>               | eric.burgess@med.va.gov |
|                                     |                         |

*ADDITIONAL INFORMATION: If appropriate, provide explanation for limited answers, such as the development stage of project.*

## 2. DETERMINATION OF PIA REQUIREMENTS:

A privacy impact assessment (PIA) is required for all VA projects with IT systems that collect, maintain, and/or disseminate personally identifiable information (PII) of the public, not including information of Federal employees and others performing work for VA (such as contractors, interns, volunteers, etc.), unless it is a PIV project. All PIV projects collecting any PII must complete a PIA. PII is any representation of information that permits the identity of an individual to be reasonably inferred by either direct or indirect means. Direct references include: name, address, social security number, telephone number, email address, financial information, or other identifying number or code. Indirect references are any information by which an agency intends to identify specific individuals in conjunction with other data elements. Examples of indirect references include a combination of gender, race, birth date, geographic indicator and other descriptors.

2.a) Will the project collect and/or maintain personally identifiable information of the public in IT systems?

Yes

2.b) Is this a PIV project collecting PII, including from Federal employees, contractors, and others performing work for VA?

No

If "YES" to either question then a PIA is required for this project. Complete the remaining questions on this form. If "NO" to both questions then no PIA is required for this project. Skip to section 14 and affirm.

*ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)*

## Part II. Privacy Impact Assessment

### 3. PROJECT DESCRIPTION:

*Enter the information requested to describe the project.*

3.a) Provide a concise description of why personal information is maintained for this project, such as determining eligibility for benefits or providing patient care.

Provide cost of patient services provided to individual patients. Used by hospitals to manage costs and improve the quality of care to veterans.

3.b) What specific legal authorities authorize this project, and the associated collection, use, and/or retention of personal information?

Routine Uses under the privacy act and also HIPAA

3.c) Identify, by selecting the appropriate range from the list below, the approximate number of individuals that (will) have their personal information stored in project systems.

1,000,000 - 9,999,999

3.d) Identify what stage the project/system is in: (1) Design/Planning, (2) Development/Implementation, (3) Operation/Maintenance, (4) Disposal, or (5) Mixed Stages.

|   |
|---|
| (3) Operation/Maintenance   |
| 3.e) Identify either the approximate date (MM/YYYY) the project/system will be operational (if in the design or development stage), or the approximate number of years that the project/system has been in operation. |
| Operational since 1999.   |
| ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)  |
|   |
|   |

**4. SYSTEM OF RECORDS:**

The Privacy Act of 1974 (Section 552a of Title 5 of the United States Code) and VA policy provide privacy protections for employee or customer information that VA or its suppliers maintain in a System of Records (SOR). A SOR is a file or application from which personal information is retrieved by an identifier (e.g. name, unique number or symbol). Data maintained in a SOR must be managed in accordance with the requirements of the Privacy Act and the specific provisions of the applicable SOR Notice. Each SOR Notice is to be published in the Federal Register. See VA Handbook 6300.5 "Procedures for Establishing & Managing Privacy Act Systems Of Records", for additional information regarding Systems of Records.

4.a) Will the project or application retrieve personal information on the basis of name, unique number, symbol, or other identifier assigned to the individual?

If "No" then skip to section 5, 'Data Collection'.

Yes

4.b) Are the project and/or system data maintained under one or more approved System(s) of Records?

IF "No" then SKIP to question 4.c.

Yes

4.b.1) For each applicable System of Records, list:

(1) The System of Records identifier (number),

121VA19

(2) The name of the System of Records, and

National Patient Databases-VA

(3) Provide the location where the specific applicable System of Records Notice(s) may be accessed (include the URL).

<http://vawww.vhaco.va.gov/privacy/SystemofRecords.htm>

IMPORTANT: For each applicable System of Records Notice that is not accessible via a URL: (1) Provide a concise explanation of why the System of Records Notice is not accessible via a URL in the "Additional Information" field at the end of this section, and (2) Send a copy of the System of Records Notice(s) to the Privacy Service.

4.b.2) Have you read, and will the application comply with, all data management practices in the System of Records Notice(s)?

Yes

4.b.3) Was the System(s) of Records created specifically for this project, or created for another project or system?

Created for another project or system

If created for another project or system, briefly identify the other project or system.

DSS uses the same database National patient data base

4.b.4) Does the System of Records Notice require modification?

If "No" then skip to section 5, 'Data Collection'.

Modification of the System of Records is NOT Required.

4.b.5) Describe the required modifications.

4.c) If the project and/or system data are not maintained under one or more approved System(s) of Records, select one of the following and provide a concise explanation.

Not Applicable

Explanation:

*ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)*

|  |
|--|
|  |
|  |

PIA SECTION 5

**Project Name**

Decision Support System (DSS)-2009

**5. DATA COLLECTION:**

**5.1 Data Types and Data Uses**

Identify the types of personal information collected and the intended use(s) of that data:

a) Select all applicable data types below. If the provided data types do not adequately describe a specific data collection, select the "Other Personal Information" field and provide a description of the information.

b) For each selected data type, concisely describe how that data will be used.

*Important Note: Please be specific. If different data types or data groups will be used for different purposes or multiple purposes, specify. For example: "Name and address information will be used to communicate with individuals about their benefits, while Name, Service, and Dependent's information will be used to determine which benefits individuals will be eligible to receive. Email address will be used to inform individuals about new services as they become available."*

|     |   |
|-----|---|
| Yes | <b>Veteran's or Primary Subject's Personal Contact Information (name, address, telephone, etc.)</b> |
|-----|---|

Specifically identify the personal information collected, and describe the intended use of the information.

The personal information collected is patient social security number, first four letters of patient's last name. The purpose is to provide high quality cost efficient healthcare to veterans. Used for budget allocation of funds to VISNs. Support the billing process by providing cost of each service to individual patients.

|    |   |
|----|---|
| No | <b>Other Personal Information of the Veteran or Primary Subject</b> |
|----|---|

Specifically identify the personal information collected, and describe the intended use of the information.

|    |                              |
|----|------------------------------|
| No | <b>Dependent Information</b> |
|----|------------------------------|

Specifically identify the personal information collected, and describe the intended use of the information.

|    |                            |
|----|----------------------------|
| No | <b>Service Information</b> |
|----|----------------------------|

Specifically identify the personal information collected, and describe the intended use of the information.

|     |                            |
|-----|----------------------------|
| Yes | <b>Medical Information</b> |
|-----|----------------------------|

*Specifically identify the personal information collected, and describe the intended use of the information.*

The personal information collected is patient social security number, first four letters of patient's last name, and all medical treatment provided to a patient (veteran). Provide high quality cost efficient healthcare to veterans. Used for budget allocation of funds to VISNs. Support the billing process by providing cost of each service to individual patients.

|    |                                    |
|----|------------------------------------|
| No | <b>Criminal Record Information</b> |
|----|------------------------------------|

*Specifically identify the personal information collected, and describe the intended use of the information.*

|    |                             |
|----|-----------------------------|
| No | <b>Guardian Information</b> |
|----|-----------------------------|

*Specifically identify the personal information collected, and describe the intended use of the information.*

|    |                              |
|----|------------------------------|
| No | <b>Education Information</b> |
|----|------------------------------|

*Specifically identify the personal information collected, and describe the intended use of the information.*

|    |                                   |
|----|-----------------------------------|
| No | <b>Rehabilitation Information</b> |
|----|-----------------------------------|

*Specifically identify the personal information collected, and describe the intended use of the information.*

|    |  |
|----|--|
| No | <b>Other Personal Information (specify):</b> |
|----|--|

*The "Other Personal Information" field is intended to allow identification of collected personal information that does not fit the provided categories. If personal information is collected that does not fit one of the provided categories, specifically identify this information and describe the intended use of the information.*

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

|                                  |              |  |
|----------------------------------|--------------|--|
| <input checked="" type="radio"/> | Yes          | <b>SECTION INCOMPLETE</b>  |
| <input type="radio"/>            |              | <b>SECTION COMPLETED</b>   |
|                                  |              | I have completed and reviewed my responses in this section.  |
| **                               | <b>NOTE:</b> | If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again. |
|                                  |              | <b>Section Update Date</b>   |

### Section 5.1 Review:

|                                  |              |  |
|----------------------------------|--------------|--|
|                                  |              | <b>PRIVACY SERVICE SECTION REVIEW AND APPROVAL</b>   |
| <input checked="" type="radio"/> | Yes          | The Privacy Service has not reviewed this section.   |
| <input type="radio"/>            |              | The Privacy Service has reviewed this section. Please make the modifications described below.              |
| <input type="radio"/>            |              | The Privacy Service has reviewed and approved the responses in this section.                               |
| **                               | <b>NOTE:</b> | If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit |
|                                  |              | and then select "Yes" and submit again.  |
|                                  |              | <b>Section Review Date</b>   |

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

### 5.2 Data Sources

Identify the source(s) of the collected information.

a) Select all applicable data source categories provided below.

b) For each category selected:

i) Specifically identify the source(s) - identify each specific organization, agency or other entity that is a source of personal information. ii) Provide a concise description of why information is collected from that source(s). iii) Provide any required additional clarifying information.

Your responses should clearly identify each source of personal information, and explain why information is obtained from each identified source. (Important Note: This section addresses sources of personal information; Section 6.1, "User Access and Data Sharing" addresses sharing of collected personal information.)

Note: PIV projects should use the "Other Source(s)" data source.

|    |                       |
|----|-----------------------|
| No | <b>Veteran Source</b> |
|----|-----------------------|

*Provide a concise description of why information is collected from Veterans. Provide any required additional, clarifying information.*

|    |                         |
|----|-------------------------|
| No | <b>Public Source(s)</b> |
|----|-------------------------|

*i) Specifically identify the Public Source(s) - identify the specific organization(s) or other entity(ies) that supply personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.*

|     |                               |
|-----|-------------------------------|
| Yes | <b>VA Files and Databases</b> |
|-----|-------------------------------|

*i) Specifically identify each VA File and/or Database that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.*

All clinical data comes from VHA VISTA databases such as Lab, Radiology, Ward movements, NPCD, Admission, etc. All financial data comes from the VA Financial Management System (FMS) and PAID.

|    |                                       |
|----|---------------------------------------|
| No | <b>Other Federal Agency Source(s)</b> |
|----|---------------------------------------|

*i) Specifically identify each Federal Agency that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.*

|    |                               |
|----|-------------------------------|
| No | <b>State Agency Source(s)</b> |
|----|-------------------------------|

*i) Specifically identify each State Agency that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.*

|    |                               |
|----|-------------------------------|
| No | <b>Local Agency Source(s)</b> |
|----|-------------------------------|

*i) Specifically identify each Local Agency (Government agency other than a Federal or State agency) that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.*

|    |                        |
|----|------------------------|
| No | <b>Other Source(s)</b> |
|----|------------------------|

i) If the provided Data Source categories do not adequately describe a source of personal information, specifically identify and describe each additional source of personal information. ii) For each identified data source, provide a concise description of why information is collected from that source. iii) Provide any required additional, clarifying information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

|                                  |              |  |
|----------------------------------|--------------|--|
| <input checked="" type="radio"/> | Yes          | <b>SECTION INCOMPLETE</b>  |
| <input type="radio"/>            |              | <b>SECTION COMPLETED</b>   |
|                                  |              | I have completed and reviewed my responses in this section.  |
| **                               | <b>NOTE:</b> | If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again. |
|                                  |              | <b>Section Update Date</b>   |

**Section 5.2 Review:**

|                                  |              |  |
|----------------------------------|--------------|--|
|                                  |              | <b>PRIVACY SERVICE SECTION REVIEW AND APPROVAL</b>   |
| <input checked="" type="radio"/> | Yes          | The Privacy Service has not reviewed this section.   |
| <input type="radio"/>            |              | The Privacy Service has reviewed this section. Please make the modifications described below.              |
| <input type="radio"/>            |              | The Privacy Service has reviewed and approved the responses in this section.                               |
| **                               | <b>NOTE:</b> | If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit |
|                                  |              | and then select "Yes" and submit again.  |
|                                  |              | <b>Section Review Date</b>   |

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

**5.3 Collection Methods**

Identify and describe how personal information is collected:

a) Select all applicable collection methods below. If the provided collection methods do not adequately describe a specific data collection,

select the "Other Collection Method" field and provide a description of the collection method. b) For each collection method selected, briefly describe the collection method, and provide additional information as indicated.

|    |                   |  |
|----|-------------------|--|
| No | <b>Web Forms:</b> | Information collected on Web Forms and sent electronically over the Internet to project systems. |
|----|-------------------|--|

Identify the URL(s) of each Web site(s) from which information will be submitted, and the URL(s) of the associated privacy statement. (Note: This question only applies to Web forms that are submitted online. Forms that are accessed online, printed and then mailed or faxed are considered "Paper Forms.")

|    |                     |  |
|----|---------------------|--|
| No | <b>Paper Forms:</b> | Information collected on Paper Forms and submitted personally, submitted via Postal Mail and/or submitted via Fax Machine. |
|----|---------------------|--|

Identify and/or describe the paper forms by which data is collected. If applicable, identify standard VA forms by form number.

|     |                                  |  |
|-----|----------------------------------|--|
| Yes | <b>Electronic File Transfer:</b> | Information stored on one computer/system (not entered via a Web Form) and transferred electronically to project IT systems. |
|-----|----------------------------------|--|

Describe the Electronic File Transfers used to collect information into project systems. (Note: This section addresses only data collection – how information stored in project systems is acquired. Sharing of information stored in project systems and data backups are addressed in subsequent sections.)

All clinical data comes from VHA VISTA databases such as Lab, Radiology, Ware movements, NPCD, Admission, etc. All financial data comes from the VA Financial Management System (FMS) and PAID.

|    |                                  |  |
|----|----------------------------------|--|
| No | <b>Computer Transfer Device:</b> | Information that is entered and/or stored on one computer/ system and then transferred to project IT systems via an object |
|    |                                  | or device that is used to store data, such as a CD-ROM, floppy disk or tape.   |

Describe the type of computer transfer device, and the process used to collect information.

|    |                           |   |
|----|---------------------------|---|
| No | <b>Telephone Contact:</b> | Information is collected via telephone. |
|----|---------------------------|---|

Describe the process through which information is collected via telephone contacts.

|    |                                 |  |
|----|---------------------------------|--|
| No | <b>Other Collection Method:</b> | Information is collected through a method other than those listed above. |
|----|---------------------------------|--|

If the provided collection method categories do not adequately describe a specific data collection, select the "Other Collection Method" field and specifically identify and describe the process used to collect information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

#### 5.4 Notice

The Privacy Act of 1974 and VA policy requires that certain disclosures be made to data subjects when information in identifiable form is collected from them. The following questions are directed at notice to the individual of the scope of information collected, the right to consent to uses of said information, and the right to decline to provide information.

5.4.a) Is personally identifiable information collected directly from individual members of the public and maintained in the project's IT systems?

No

Note: If you have selected NO above, then SKIP to Section 5.5, 'Consent'.

5.4.b) Is the data collection mandatory or voluntary?

5.4.c) How are the individuals involved in the information collection notified of the Privacy Policy and whether provision of the information is mandatory or voluntary?

5.4.d) Is the data collection new or ongoing?

5.4.e.1) If personally identifiable information is collected online, is a privacy notice provided that includes the following elements? (Select all applicable boxes.)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Not applicable</b>  |
| <input type="checkbox"/> | <b>Privacy notice is provided on each page of the application.</b>   |
| <input type="checkbox"/> | <b>A link to the VA Website Privacy Policy is provided.</b>  |
| <input type="checkbox"/> | <b>Proximity and Timing: the notice is provided at the time and point of data collection.</b>                        |
| <input type="checkbox"/> | <b>Purpose: notice describes the principal purpose(s) for which the information will be used.</b>                    |
| <input type="checkbox"/> | <b>Authority: notice specifies the legal authority that allows the information to be collected.</b>                  |
| <input type="checkbox"/> | <b>Conditions: notice specifies if providing information is voluntary, and effects, if any, of not providing it.</b> |
| <input type="checkbox"/> | <b>Disclosures: notice specifies routine use(s) that may be made of the information.</b>                             |

5.4.e.2) If necessary, provide an explanation on privacy notices for your project:

5.4.f) For each type of collection method used (identified in Section 5.3, "Collection Method"), explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

Note: if PII is transferred from other projects, explain any agreements or understandings regarding notification of subjects.

|    |                   |
|----|-------------------|
| No | <b>Web Forms:</b> |
|----|-------------------|

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

|    |                     |
|----|---------------------|
| No | <b>Paper Forms:</b> |
|----|---------------------|

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

|     |                                  |
|-----|----------------------------------|
| Yes | <b>Electronic File Transfer:</b> |
|-----|----------------------------------|

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to notify subjects regarding:

a) What they will be told about the information collection? b) How the message will be conveyed (e.g. written notice, electronic notice if web-based collection, etc.)? c)How a privacy notice is provided?

|    |                                  |
|----|----------------------------------|
| No | <b>Computer Transfer Device:</b> |
|----|----------------------------------|

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to notify subjects regarding:

a) What they will be told about the information collection? b) How the message will be conveyed (e.g. written notice, electronic notice if web-based collection, etc.)? c)How a privacy notice is provided?

|    |                   |
|----|-------------------|
| No | <b>Telephone:</b> |
|----|-------------------|

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

|    |                      |
|----|----------------------|
| No | <b>Other Method:</b> |
|----|----------------------|

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

### 5.5 Consent For Secondary Use of PII:

The Privacy Act and VA policy require that personally identifiable information only be used for the purpose(s) for which it was collected, unless consent (opt-in) is granted. Individuals must be provided an opportunity to provide consent for any secondary use of information, such as use of collected information for marketing.

5.5.a) Will personally identifiable information be used for any secondary purpose?

Note: If you have selected No above, then SKIP to question 5.6, "Data Quality."

No

5.5.b) Describe and justify any secondary uses of personal information.

5.5.c) For each collection method identified in question 5.3, "Collection Method," describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

Some examples of consent methods are: (1) Approved OMB consent forms and (2) VA Consent Form (VA Form 1010EZ). Provide justification if no method of consent is provided.

|  |                   |
|--|-------------------|
|  | <b>Web Forms:</b> |
|--|-------------------|

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

|  |                     |
|--|---------------------|
|  | <b>Paper Forms:</b> |
|--|---------------------|

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

|  |                                  |
|--|----------------------------------|
|  | <b>Electronic File Transfer:</b> |
|--|----------------------------------|

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting

information from the primary information source to provide the following:

a) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. b) The opportunities individuals have to grant consent for particular uses of the information. c) How individuals may grant consent.

|  |                                  |
|--|----------------------------------|
|  | <b>Computer Transfer Device:</b> |
|--|----------------------------------|

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to provide the following:

a) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. b) The opportunities individuals have to grant consent for particular uses of the information. c) How individuals may grant consent.

|  |                                 |
|--|---------------------------------|
|  | <b>Telephone Contact Media:</b> |
|--|---------------------------------|

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

|  |                    |
|--|--------------------|
|  | <b>Other Media</b> |
|--|--------------------|

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

## 5.6 Data Quality

5.6.a) Explain how collected data are limited to required elements:

Data elements are limited by the extract feeds from VISTA, FMS and PAID.

5.6.b) How is data checked for completeness?

Data received from all clinical and financial extracts are verified prior to importing data into the DSS system. DSS software performs field checks for completion of field (e.g., all nine digits of a SSN are present), as well as basic content checks (e.g., will not accept a SSN with all zeroes).

5.6.c) What steps or procedures are taken to ensure the data are current and not out of date?

VISTA and FMS extract files are updated monthly. PAID data is refreshed each pay period.

5.6.d) How is new data verified for relevance, authenticity and accuracy?

Internal DSS audits are performed monthly and quarterly on all data for each hospital.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

PIA SECTIONS 6 - 13

**Project Name**

Decision Support System (DSS)-2009

**6. Use and Disclosure**

**6.1 User Access and Data Sharing**

Identify the individuals and organizations that have access to system data.

--> *Individuals - Access granted to individuals should be limited to the data needed to perform their assigned duties. Individuals with access to personal information stored in project system must be identified, and documented assurance must be provided that appropriate policies and procedures are in place to prevent as well as detect unauthorized access and browsing.*

--> *Other Agencies – Any Federal, State or local agencies that have authorized access to collected personal information must be identified, and documented assurance must be provided that appropriate policies and procedures are in place to protect personal information.*

--> *Other Systems – Information systems of other programs or projects that interface with the information system(s) of this project must be identified and the transferred data must be defined. Also, the controls that are in place to ensure that only the defined data are transmitted must be defined.*

6.1.a) Identify all individuals and organizations that will have access to collected information. Select all applicable items below.

|     |                     |
|-----|---------------------|
| Yes | <b>System Users</b> |
|-----|---------------------|

|     |                                      |
|-----|--------------------------------------|
| Yes | <b>System Owner, Project Manager</b> |
|-----|--------------------------------------|

|     |                             |
|-----|-----------------------------|
| Yes | <b>System Administrator</b> |
|-----|-----------------------------|

|     |                   |
|-----|-------------------|
| Yes | <b>Contractor</b> |
|-----|-------------------|

If contractors to VA have access to the system, describe their role and the extent of access that is granted to them. Also, identify the contract(s) that they operate under.

These contractors do the maintenance of the system and they have full access which is the same as the VA employee. COTR maintains this contract and monitors the training requirement. The DSS maintenance contract provides them the authorization and authority to operate.

|     |   |
|-----|---|
| Yes | <b>Internal Sharing: Veteran Organization</b> |
|-----|---|

If information is shared internally, with other VA organizations identify the organization(s). For each organization, identify the information that is shared and for what purpose.

The records in this system are available to each VA Hospital and their respective VISNs. Each hospital can only access the records of their own patients unless special access privileges are granted by their VISN.

|    |                                   |
|----|-----------------------------------|
| No | <b>Other Veteran Organization</b> |
|----|-----------------------------------|

*If information is shared with a Veteran organization other than VA, identify the organization(s). For each organization, identify the information that is shared and for what purpose.*

|    |  |
|----|--|
| No | <b>Other Federal Government Agency</b> |
|----|--|

*If information is shared with another Federal government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.*

|    |                                |
|----|--------------------------------|
| No | <b>State Government Agency</b> |
|----|--------------------------------|

*If information is shared with a State government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.*

|    |                                |
|----|--------------------------------|
| No | <b>Local Government Agency</b> |
|----|--------------------------------|

*If information is shared with a local government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.*

|    |                              |
|----|------------------------------|
| No | <b>Other Project/ System</b> |
|----|------------------------------|

*If information is shared with other projects or systems:*

*1) Identify the other projects and/or systems, and briefly describe the data sharing. 2) For each project and/or system with which information will be shared, identify the information that will be shared with that project or system. 3) For each project and/or system with which information will be shared, describe why information is shared. 4) For each project and/or system with which information will be shared, describe who will be responsible for protecting the privacy rights of the individuals whose data will be shared across this interface.*

|    |                      |
|----|----------------------|
| No | <b>Other User(s)</b> |
|----|----------------------|

*If information is shared with persons or organization(s) that are not described by the categories provided, use this field to identify and describe what other persons or organization(s) have access to personal information stored on project systems. Also, briefly describe the data sharing.*

*6.1.a.1) Describe here who has access to personal information maintained in project's IT systems:*

Access is limited to VHA personnel. The DSS National Program office staff and several Austin Automation Center staff who

maintain the DSS system have national access to perform their duties. VISN staff are restricted to access by DSS data produced from hospitals within each VISN. Hospital staff are limited to data produced by each hospital unless a VISN authorizes access to other hospitals within a VISN. The contractor, Eclipsys Corp, has access to assist in maintaining DSS system.

6.1.b) How is access to the data determined?

As described in 6.1.a.1, access is limited to the scope of responsibility required for each VHA employee to perform their duties; national, VISN or hospital limits.

6.1.c) Are criteria, procedures, controls, and responsibilities regarding access documented? If so, identify the documents.

VHA Chief Financial Officer (17) Memorandum dated November 23, 2004. This document is available in VA Headquarters, Washington DC.

6.1.d) Will users have access to all data on the project systems or will user access be restricted? Explain.

Users are restricted to the level of approval by hospitals, VISNs or national access.

6.1.e) What controls are in place to prevent the misuse (e.g. unauthorized browsing) of data by those having access? (Please list processes and training materials that specifically relate to unauthorized browsing)

Within the DSS system users can be limited to one or more of the subsystems. This depends on the users need for information.

6.1.f) Is personal information shared (is access provided to anyone other than the system users, system owner, Project Manager, System Administrator)? (Yes/No)

No

Note: If you have selected No above, then SKIP to question 6.2, "Access to Records and Requests for Corrections".

6.1.g) Identify the measures taken to protect the privacy rights of the individuals whose data will be shared.

6.1.h) Identify who is responsible, once personal information leaves your project's IT system(s), for ensuring that the information is protected.

6.1.i) Describe how personal information that is shared is transmitted or disclosed.

6.1.j) Is a Memorandum of Understanding (MOU), contract, or any other agreement in place with all external organizations with whom information is shared, and does the agreement reflect the scope of the information currently shared? If an MOU is not in place, is the sharing covered by a routine use in the System of Records Notice? If not, explain the steps being taken to address this omission.

6.1.k) How is the shared information secured by the recipient?

6.1.l) What type of training is required for users from agencies outside VA prior to receiving access to the information?

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

## 6.2 Access to Records and Requests for Corrections

The Privacy Act and VA policy provide certain rights and mechanisms by which individuals may request access to and amendment of information relating to them that is retained in a System of Records.

6.2.a) How can individuals view instructions for accessing or amending data related to them that is maintained by VA? (Select all applicable options below.)

|    |   |
|----|---|
| No | The application will provide a link that leads to their information.  |
| No | The application will provide, via link or where data is collected, written instructions on how to access/amend their information. |

|     |  |
|-----|--|
| No  | <b>The application will provide a phone number of a VA representative who will provide instructions.</b> |
| Yes | <b>The application will use other method (explain below).</b>  |
| No  | <b>The application is exempt from needing to provide access.</b>   |

6.2.b) What are the procedures that allow individuals to gain access to their own information?

6.2.c) What are the procedures for correcting erroneous information?

6.2.d) If no redress is provided, are alternatives available?

6.2.e) Provide here any additional explanation; if exempt, explain why the application is exempt from providing access and amendment.

DSS receives data from VISTA systems. Any access or changes to information would be done through one of the hospital VISTA systems.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

## 7 Retention and Disposal

By completing this section, you provide documented assurance that proper data retention and disposal practices are in place.

The "Retention and disposal" section of the applicable System of Records Notice(s) often provides appropriate and sufficiently detailed documented data retention and disposal practices specific to your project.

VA HBK 6300.1 Records Management Procedures explains the Records Control Schedule procedures.

**System of Records Notices may be accessed via:**

<http://vaww.vhaco.va.gov/privacy/SystemofRecords.htm>

or

[http://vaww.va.gov/foia/err/enhanced/privacy\\_act/privacy\\_act.html](http://vaww.va.gov/foia/err/enhanced/privacy_act/privacy_act.html)

For VHA projects, VHA Handbook 1907.1 (Section 6j) and VHA Records Control Schedule 10-1 provide more general guidance.

**VHA Handbook 1907.1 may be accessed at:**

[http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=434](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=434)

For VBA projects, Records Control Schedule (RCS) VB-1 provides more general guidance. VBA Records Control Schedule (RCS) VB-1 may be accessed via the URL listed below.

Start by looking at the <http://www.warms.vba.va.gov/20rcs.html>

7.a) What is the data retention period? Given the purpose of retaining the information, explain why the information is needed for the indicated period.

DSS data is retained on line for three years at the Austin Automation Center. After three years data is archived on tape, transferred to a records facility for seventy -two more years, and disposed of in accordance with disposition authorization approved by the Archivist of the United States.

|   |
|---|
| 7.b) What are the procedures for eliminating data at the end of the retention period?   |
| Paper documents may be shredded or burned, and record destruction documented in accordance with NARA guidelines. Selected destruction methods for other data media comply with NCSC-TG-025 Version-2/VA Policy. If a degausser is not available, the media is destroyed by smelting, pulverization or disintegration. Other IT equipment and electronic storage media are sanitized in accordance with procedures of the NSA/Central Security Service Media Declassification and Destruction Manual and certified that the data has been removed or that it is unreadable. Certification identifies the Federal Information Processing (FIP) item cleared. FIP equipment is not excessed, transferred, discontinued from rental or lease, exchanged, or sold without certification. |
| 7.c) Where are procedures documented?   |
| The disposition authority is documented in Record Control Schedule 10-1, Section XLIII-1 and XLIII-2. Disposition instructions and procedures for electronic media are documented in NCSC-TG-025 Version-2/VA Policy, VA Form 0751, Information Technology Equipment Sanitization Certificate.  |
| 7.d) How are data retention procedures enforced?  |
| No records are disposed/destroyed without the approval of the facility's Record Control Manager. All records are disposed of in accordance with VA Policy and disposition authority (RCS 10-1). Archived and retired records are maintained in accordance with VA Policy.   |
| 7.e) If applicable, has the retention schedule been approved by the National Archives and Records Administration (NARA)?  |
|   |
| ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)  |
|   |

**8 SECURITY**

OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, (OMB M-03-22) specifies that privacy impact assessments must address how collected information will be secured.

**8.1 General Security Measures**

8.1.a) Per OMB guidance, citing requirements of the Federal Information Security Management Act, address the following items (select all applicable boxes.):

|     |  |
|-----|--|
| Yes | The project is following IT security requirements and procedures required by federal law and policy to ensure that information is appropriately secured.       |
|     |  |
| Yes | The project has conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls.            |
|     |  |
| Yes | Security monitoring, testing, and evaluating are conducted on a regular basis to ensure that controls continue to work properly, safeguarding the information. |

8.1.b) Describe the security monitoring, testing, and evaluating that is conducted on a regular basis:

IT Security is being addressed at both the enterprise and system levels for this investment. At the enterprise level, the VA Chief Information Officer (CIO), through the Office of Cyber and Information Security (OCIS), is responsible for establishing directives, policies and procedures which are consistent with the provisions of FISMA, NIST, and other related federal regulations. OCIS also oversees operation of the VA centralized incident response capability (CIRC), as well as provides other security services such as anti-virus protection penetration testing and vulnerability scanning; firewall management; and, intrusion detection monitoring and audit log analysis.

8.1.c) Is adequate physical security in place to protect against unauthorized access?

Yes

**8.2 Project-Specific Security Measures**

8.2.a) Provide a specific description of how collected information will be secured.

|   |
|---|
| <ul style="list-style-type: none"> <li>• A concise description of how data will be protected against unauthorized access, unauthorized modification, and how the availability of the system will be protected.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• A concise description of the administrative controls (Security Plans, Rules of Behavior, Procedures for establishing user accounts, etc.).</li> </ul>  |
| <ul style="list-style-type: none"> <li>• A concise description of the technical controls (Access Controls, Intrusion Detection, etc.) that will be in place to safeguard the information.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Describe any types of controls that may be in place to ensure that information is used in accordance with the above described uses. For example, are audit logs regularly reviewed to ensure appropriate use of information? Are strict disciplinary programs in place if an individual is found to be inappropriately using the information?</li> </ul>   |
| <p>Note: Administrative and technical safeguards must be specific to the system covered by the PIA, rather than an overall description of how the VA's network is secured. Does the project/system have its own security controls, independent of the VA network? If so, describe these controls.</p>   |
| <p>At the project level, security is provided by the Austin Automation Center (AAC) and the DSS Project Office. DSS operates within the AAC LAN environment, which received a Full Authority To Operate in September 15, 2003, and is included in their password management and user authentication processes. The VA's WAN is used to remotely access the DSS application at AAC. The DSS application software also has security features, which include user authentication, restricted levels of user access and log files that tracks user access the system. The DSS internal security is included in the vendor maintenance charges paid for by the program. . The Program Office provides a security policy and monitoring of the access granted to users for the DSS production system. Access is granted to individuals with AAC TSO access and written authorization from their supervisor and the DSS System Manager of Record, located in the DSS Program Office within the DSS System. Facility staff determines level of access for individuals to view and report on their data.</p> |
| <p>8.2.b) Explain how the project meets IT security requirements and procedures required by federal law.</p>  |
| <p>In accordance with the contract between the contractor Eclipsys and the government the contractor is required to meet the AAC contractor security requirements. The DSS system is housed at the AAC.</p>   |

| 9. CHANGE RECORD  |
|---|
| <p>OMB Memorandum M-03-22, OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, mandates that PIAs address any project/ system changes that potentially create new privacy risks. By completing this section, you provide documented assurance that significant project/ system modifications have been appropriately evaluated for privacy-related impacts.</p>   |
| <p>9.a Since the last PIA submitted, have any significant changes been made to the system that might impact the privacy of people whose information is retained on project systems? (Yes, No, n/a: first PIA)</p>   |
| <p>No</p>   |
| <p>If no, then proceed to Section 10, "Children's Online Privacy Protection Act."</p>   |
| <p>If yes, then please complete the information in the table below. List each significant change on a separate row. 'Significant changes' may include:</p>  |
| <p>Conversions - when converting paper-based records to electronic systems;</p>   |
| <p>Anonymous to Non-Anonymous - when functions applied to an existing information collection change anonymous information into information in identifiable form;</p>  |
| <p>Significant System Management Changes - when new uses of an existing IT system, including application of new technologies, significantly change how information in identifiable form is managed in the system:</p>   |
| <ul style="list-style-type: none"> <li>• For example, when an agency employs new relational database technologies or web-based processing to access multiple data stores; such additions could create a more open environment and avenues for exposure of data that previously did not exist.</li> </ul>  |
| <p>Significant Merging - when agencies adopt or alter business processes so that government databases holding information in identifiable form are merged, centralized, matched with other databases or otherwise significantly manipulated:</p>  |
| <ul style="list-style-type: none"> <li>• For example, when databases are merged to create one central source of information; such a link may aggregate data in ways that create privacy concerns not previously at issue.</li> </ul>  |
| <p>New Public Access - when user-authenticating technology (e.g., password, digital certificate, biometric) is newly applied to an electronic information system accessed by members of the public;</p>   |
| <p>Commercial Sources - when agencies systematically incorporate into existing information systems databases of information in identifiable form purchased or obtained from commercial or public sources. (Merely querying such a source on an ad hoc basis using existing technology does not trigger the PIA requirement);</p>  |
| <p>New Interagency Uses - when agencies work together on shared functions involving significant new uses or exchanges of information in identifiable form, such as the cross-cutting E-Government initiatives; in such cases, the lead agency should prepare the PIA;</p>   |
| <p>Internal Flow or Collection - when alteration of a business process results in significant new uses or disclosures of information or incorporation into the system of additional items of information in identifiable form:</p>  |
| <ul style="list-style-type: none"> <li>• For example, agencies that participate in E-Gov initiatives could see major changes in how they conduct business internally or collect information, as a result of new business processes or E-Gov requirements. In most cases the focus will be on integration of common processes and supporting data. Any business change that results in substantial new requirements for information in identifiable form could warrant examination of privacy issues.</li> </ul> |

Alteration in Character of Data - when new information in identifiable form added to a collection raises the risks to personal privacy (for example, the addition of health or financial information);

| List All Major Project/System Modification(s) | State Justification for Modification(s) | *Concisely describe: | Modification Approver | Date |
|---|---|----------------------|-----------------------|------|
|   |   |                      |                       |      |
|   |   |                      |                       |      |
|   |   |                      |                       |      |
|   |   |                      |                       |      |
|   |   |                      |                       |      |

\* The effect of the modification on the privacy of collected personal information

\* How any adverse effects on the privacy of collected information were mitigated.

### 10. CHILDREN'S ONLINE PRIVACY PROTECTION ACT

10.a) Will information be collected through the Internet from children under age 13?

No

If "No" then SKIP to Section 11, "PIA Considerations".

10.b) How will parental or guardian approval be obtained.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

### 11. PIA CONSIDERATIONS

11) Identify what choices were made regarding the project/system or collection of information as a result of performing the PIA. Examples of choices made include reconsideration of: collection source, collection methods, controls to mitigate misuse of information, provision of consent and privacy notice, and security controls.

DSS is a legacy system and operational since 1999. Restricted access and security was part of the original design to protect medical information of patients.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

### 12. PUBLIC AVAILABILITY

The Electronic Government Act of 2002 requires that VA make this PIA available to the public. This section is intended to provide documented assurance that the PIA is reviewed for any potentially sensitive information that should be removed from the version of the PIA that is made available to the public.

The following guidance is excerpted from M-03-22, "OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002," Section II.C.3, "Review and Publication": iii. Agencies must ensure that the PIA document and, if prepared, summary, are made publicly available (consistent with executive branch policy on the release of information about systems for which funding is proposed).

1. Agencies may determine to not make the PIA document or summary publicly available to the extent that publication would raise security concerns, reveal classified (i.e., national security) information or sensitive information (e.g., potentially damaging to a national interest, law enforcement effort or competitive business interest) contained in an assessment<sup>9</sup>. Such information shall be protected and handled consistent with the Freedom of Information Act (FOIA).

2. Agencies should not include information in identifiable form in their privacy impact assessments, as there is no need for the PIA to include such information. Thus, agencies may not seek to avoid making the PIA publicly available on these grounds.

12.a) Does this PIA contain any sensitive information that could cause harm to the Department of Veterans Affairs or any party if disclosed

|  |
|--|
| to the public?   |
| No   |
| 12.b) If yes, specify:   |
|  |
| ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.) |
|  |
|  |

|   |
|---|
| <b>13. ACCEPTANCE OF RESPONSIBILITY AND ACKNOWLEDGEMENT OF ACCOUNTABILITY:</b>  |
| 13.1) I have carefully reviewed the responses to each of the questions in this PIA. I am responsible for funding and procuring, developing, and integrating privacy and security controls into the project. I understand that integrating privacy and security considerations into the project may affect the development time and cost of this project and must be planned for accordingly. I will ensure that VA privacy and information security policies, guidelines, and procedures are followed in the development, integration, and, if applicable, the operation and maintenance of this application. |
| Yes   |
| 13.2) Project Manager/Owner Name and Date (mm/dd/yyyy)  |
| Eric Burgess, 09/19/2007  |
| ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)  |
|   |
|   |