

(FY 2012) PIA: System Information		*Green Highlight = Must Answer Question		*Yellow Highlight = Required to Sign PIA	
Program or System Name (as shown in SMART):		REGION 2 > VHA > VISN 16 > Alexandria VAMC > VistA - VMS			
OMB Unique System / Application / Program Identifier (AKA: UPIID #):		029-00-01-11-01-1180-00			
Description of System/ Application/ Program : "must match what is stated in System Security Plan (SSP)"		The VistA system is the software platform and hardware infrastructure (associated with clinical operations) on which the VHA health care facilities operate their software applications and support for E-Government initiatives. It includes the computer equipment associated with clinical operations and the employees necessary to operate the system. VistA is a client-server system. It links the facility computer network to applications and databases. VistA provides critical data that supports the delivery of healthcare to veterans and their dependants. Using the computer, the VA health care provider can access VistA applications and meet a wide range of health care data needs. The VistA system operates in medical centers, ambulatory and community-based clinics, nursing homes and domiciliary. The VistA system is in the mature phase of the capital investment lifecycle.			
Facility or Program Office Name:		Alexandria, Louisiana			
Title:		Name:		Phone:	
Privacy Officer:		Sandra Shirah		318-466-2231	
Information Security Officer:		Jerry Ross		318-466-2080	
System Owner/Delegate:		Dale Nelson		(479) 587-5886	
Chief Information Officer:		David Thurmond		318-466-2577	
Information Owner:		Gracie Specks, Facility Director		318-466-2205	
Other Titles:					
Person Completing Document:		Sandra Hedtke		701-237-2566	
Other Titles:					
Date of Last Full Approved PIA by VACO Privacy Services: (MM/YYYY)		07/2009			
What specific legal authorities authorize this program or system:		Title 38, United States Code, section 7301(a).			
What is the expected number of individuals that will have their PII stored in this system:		approximately 500,000			
Identify what stage the System / Application / Program is at:		Operations/Maintenance			
The approximate date (MM/YYYY) the system will be operational (if in the Design or Development stage), or the approximate number of years the system/application/program has been in operation.		25			
Is there an authorized change control process which documents any changes to existing applications or systems?		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA			
If No, (Explain on Tab 8)					
Is there a contingency plan in place to process information when the system is down?		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA			
Has a PIA been completed within the last three years?		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA			
FISMA QUESTIONS					
1. Is this a new system?		<input type="radio"/> Yes <input checked="" type="radio"/> No			
2. Does this system contain Federal information in identifiable form?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
3. Does the system include information on the public?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
4. Is there a Privacy Impact Assessment (PIA) that covers this system?		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> National Security System under 40 U.S.C. 11103, a PIA is not required for this system			
5. Is Federal-owned information in this system retrieved by name or unique		<input checked="" type="radio"/> Yes <input type="radio"/> No			
6. What is the System of Records Notice (SORN) for this system?		79VA19			
7. Has this SORN been reviewed or updated within the last three years?		Yes last year			
Date of Report (MM/YYYY):		12/2011			
Any check mark in the boxes below will require a full PIA. Please continue to the next TAB and complete the remaining questions.					
If there is no Personally Identifiable Information on your system, please complete TAB 2 & TAB 12. (See Comment for Definition of PII)					
<input checked="" type="checkbox"/> Have any changes been made to the system since the last PIA?					
<input type="checkbox"/> Is this a PIV system/application/program collecting PII data from Federal employees, contractors, or others performing work for the VA?					

<input checked="" type="checkbox"/> Will this system/application/program retrieve information on the basis of name, unique identifier, symbol or other PII data?			
<input checked="" type="checkbox"/> Does this system/application/program collect, store, or disseminate PII/PHI data?			
<input checked="" type="checkbox"/> Does this system/application/program collect, store or disseminate the SSN?			
Directions			

(FY 2012) PIA: System of Records

*Green Highlight = Must Answer Question

- 1. Is a SORN (System of Records Notice) Required?
- 2. Is there a SORN already in place?

Yes No Not Sure

Yes No

***If Yes, select all of the appropriate SORN number(s):
 ***If Not Sure, continue to question 3

***Click to add. Delete SORN by highlighting SORN and comma if included and press the Delete key or place focus on area to delete all SORNs.

LIST OF SORN NUMBER(S) :

79VA19

For each applicable System(s) of Records, list:

- 3. If records are retrieved using any of the following entities, A SORN will be required (Please check all that apply)

<input checked="" type="checkbox"/> Full Name
<input type="checkbox"/> Maiden Name
<input type="checkbox"/> Mother's Maiden Name
<input type="checkbox"/> Alias
<input checked="" type="checkbox"/> Social Security Number
<input type="checkbox"/> Passport Number
<input type="checkbox"/> Driver's License Number
<input type="checkbox"/> Taxpayer Identification Number
<input type="checkbox"/> Financial Account Number
<input type="checkbox"/> Credit Card Number
<input type="checkbox"/> Street Address
<input type="checkbox"/> Email Address
<input type="checkbox"/> Photographic Image
<input type="checkbox"/> Fingerprints
<input type="checkbox"/> Handwriting
<input type="checkbox"/> Other Biometric Data
<input type="checkbox"/> Other (Explain on Tab 8)

- 4. Based on Question 3, is a SORN required?

Yes No

Yes No

***If Yes, has the process begun to obtain/acquire a SORN

Location where the specific applicable System of Records Notice may be accessed:

http://www.rms.oit.va.gov/SOR_Records.asp

(FY 2012) PIA: Data Collection And Storage *Green Highlight = Must Answer Question

Please fill in each column for the data types selected.

Data Type	Collection Method	What are the subjects told about the intended use of their information?	How is this message conveyed to them?	How is a privacy notice provided?
Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)	ALL	ALL	All	All
Family Relation (spouse, children, parents, grandparents, etc)	ALL	ALL	All	All
Service Information	ALL	ALL	All	All
Medical Information	ALL	ALL	All	All
Criminal Record Information	ALL	ALL	All	All
Guardian Information	ALL	ALL	All	All
Education Information	ALL	ALL	All	All
Benefit Information	ALL	ALL	All	All
Other (Explain on Tab 8)				

Data Type	Storage Method	Source (If requested, identify the specific file, entity and/or name of agency)	Is data collection Mandatory or Voluntary?
Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Family Relation (spouse, children, parents, grandparents, etc)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Service Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary
Medical Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary
Criminal Record Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary
Guardian Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary
Education Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary
Benefit Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary
Other (Explain on Tab 8)	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary
(Please Select Yes/No)			
Proximity and Timing: Is the privacy notice provided at the time of data collection?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Purpose: Does the privacy notice describe the principal purpose(s) for which the information will be used?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Authority: Does the privacy notice specify the effects of providing information on a voluntary basis?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Disclosures: Does the privacy notice specify routine use(s) that may be made of the information?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
routine use(s)			

(FY 2012) PIA: Data Sharing *Green Highlight = Must Answer Question	** Any connection external to VA requires an ISA/MOU per VA 6500. This section below must be consistent with your System Security Plan Interconnection Security Agreement section.					
Organization	Name of Agency/Organization	Do they access this system?	Identify the type of Data Sharing	Is PII or PHI Shared?	What is the procedure you reference for the release of information?	
Internal Sharing: VA Organization	VBA	<input checked="" type="radio"/> Yes <input type="radio"/> No	Patient Eligibility	<input checked="" type="radio"/> Yes <input type="radio"/> No	VBA IRM Handbook	
Other Veteran Organization	Office of Regional Counsel	<input type="radio"/> Yes <input checked="" type="radio"/> No	Healthcare	<input type="radio"/> Yes <input checked="" type="radio"/> No	BAA	
Other Federal Government Agency	Congressional Offices	<input type="radio"/> Yes <input checked="" type="radio"/> No	Healthcare	<input type="radio"/> Yes <input checked="" type="radio"/> No	VA Release of Information Form	
State Government Agency	Syndromic Surveillance and Traumatic Brain Injury	<input type="radio"/> Yes <input checked="" type="radio"/> No	Healthcare	<input type="radio"/> Yes <input checked="" type="radio"/> No	HIPAA Authorization/Waiver	
Local Government Agency	Coroner's Office	<input type="radio"/> Yes <input checked="" type="radio"/> No	Healthcare	<input type="radio"/> Yes <input checked="" type="radio"/> No	VA Release of Information Form	
Research Entity		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		
<input type="checkbox"/> Other Project/ System (Explain on Tab 8)						
(FY 2012) PIA: Access to Records						
Does the system gather information from another system?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Please enter the name of the system:		Alexandria VA Medical Center LAN system				
(FY 2012) PIA: Secondary Use						
Will PII data be included with any secondary use request?		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Check all that apply		<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV	<input type="checkbox"/> Drug/Alcohol Counseling		
		<input type="checkbox"/> Sickle Cell	<input type="checkbox"/> Other (Explain on Tab 8)		<input type="checkbox"/> Research	

(FY 2012) PIA: Records Management		*Green Highlight = Must Answer Question	
Does this PIA form contain any sensitive information that could cause harm to the Department of Veterans Affairs or any party if disclosed to the public?			
<input type="radio"/> Yes (Explain on Tab 8) <input checked="" type="radio"/> No			
Is the data collected to only what is necessary to provide requested service?			
<input checked="" type="radio"/> Yes <input type="radio"/> No (Explain on Tab 8)			
Has the data provided been verified as complete?			
<input checked="" type="checkbox"/> Veteran Verified <input type="checkbox"/> Received From Database <input type="checkbox"/> Verification Unknown			
(FY 2012) PIA: Retention & Disposal			
What is the data retention period?		RCS 10-1 link for VHA: www.va.gov/vhapublications/rcs10/rcs10-1.pdf	
75 Years		RCS VB-1, Part II Revised for VBA: www.benefits.va.gov/WARMS/docs/admin20/rcs/part2/part2.pdf	
		National Archives and Records Administration: www.nara.gov	
Explain why the information is needed for the indicated retention period?			
Answer: Health Care			
What are the procedures for eliminating data at the end of the retention period?			
Answer: It will be at least the year 2045 before VISTA data can be destroyed; Electronic Final Version of Patient Medical Record is			
Where are these procedures documented?			
Answer: RCS 10-1			
How are data retention procedures enforced?			
Answer: VA RCS 10-1 (page 8). The Health Information Resource Service (HIRS) is responsible for developing policies and procedures			
Has the retention schedule been approved by the National Archives and Records Administration (NARA)			
<input checked="" type="radio"/> Yes <input type="radio"/> No (Explain on Tab 8)			
(FY 2012) PIA: Children's Online Privacy Protection Act (COPPA)			
Will information be collected through the internet from children under age 13?			
<input type="radio"/> Yes (Explain on Tab 8) <input checked="" type="radio"/> No			

(FY 2012) PIA: Security *Green Highlight = Must Answer Question

Is the system/application/program following IT security Requirements and procedures required by federal law and policy to ensure that information is appropriately secured? Yes No (Explain on Tab 8)

Has the system/application/program conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls? Yes No (Explain on Tab 8)

Is security monitoring conducted annually or as needed to ensure that controls continue to work properly, safeguarding the information? Yes No (Explain on Tab 8)

Is security assessment conducted annually or as needed to ensure that controls continue to work properly, safeguarding the information? Yes No (Explain on Tab 8)

Is adequate physical security in place to protect against unauthorized access? Yes No (Explain on Tab 8)

*Ensure PE 2, PE-3, PE-6, PE-7, PE-8 have been addressed appropriately for your categorization

Explain what security risks were identified in the security assessment? (Check all that apply)

<input type="checkbox"/> Biological Release	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Lightning Strike	<input checked="" type="checkbox"/> Terrorist
<input type="checkbox"/> Blizzard	<input checked="" type="checkbox"/> Flood	<input checked="" type="checkbox"/> Malicious Code	<input checked="" type="checkbox"/> Thunderstorm
<input checked="" type="checkbox"/> Burglary/Break In	<input checked="" type="checkbox"/> Hacker, Cracker	<input checked="" type="checkbox"/> Password Privacy Negligence	<input checked="" type="checkbox"/> Tornado
<input type="checkbox"/> Civil Unrest	<input type="checkbox"/> Hail	<input type="checkbox"/> Personnel Unavailable	<input type="checkbox"/> Tsunami
<input checked="" type="checkbox"/> Component Failure	<input checked="" type="checkbox"/> HAZMAT Release/Spill	<input type="checkbox"/> Power Failure	<input type="checkbox"/> User Negligence
<input type="checkbox"/> Dam Failure	<input checked="" type="checkbox"/> Human Health Emergency	<input type="checkbox"/> Sabotage	<input checked="" type="checkbox"/> User Sabotage
<input checked="" type="checkbox"/> Dust/Debris	<input type="checkbox"/> Hurricane	<input type="checkbox"/> System Intrusion, Break-Ins	<input type="checkbox"/> Vibration
<input type="checkbox"/> Earthquake	<input checked="" type="checkbox"/> HVAC Failure	<input type="checkbox"/> System Misconfiguration	<input type="checkbox"/> Volcano
<input type="checkbox"/> Extreme Cold	<input checked="" type="checkbox"/> Indoor Humidity	<input type="checkbox"/> System Penetration	<input checked="" type="checkbox"/> Water Damage
<input checked="" type="checkbox"/> Extreme Heat	<input type="checkbox"/> Landslide	<input type="checkbox"/> System Tampering	<input type="checkbox"/> Winter Weather Hazards

*If any other risks identified, explain in Tab 8

Based upon the risks identified above, Explain what security controls are being used to mitigate these risks. (Check all that apply)

<input checked="" type="checkbox"/> Access Control	<input checked="" type="checkbox"/> Configuration Management	<input checked="" type="checkbox"/> Media Protection	<input checked="" type="checkbox"/> System and Services Acquisition
<input checked="" type="checkbox"/> Audit and Accountability	<input checked="" type="checkbox"/> Contingency Planning	<input checked="" type="checkbox"/> Personnel Security	<input checked="" type="checkbox"/> System and Communication Protection
<input checked="" type="checkbox"/> Awareness and Training	<input checked="" type="checkbox"/> Identification and Authentication	<input checked="" type="checkbox"/> Physical and Environmental Protection	<input checked="" type="checkbox"/> System and Information Integrity
<input checked="" type="checkbox"/> Security Assessment and Authorization	<input checked="" type="checkbox"/> Incident Response	<input checked="" type="checkbox"/> Risk Assessment	<input checked="" type="checkbox"/> Planning
			<input checked="" type="checkbox"/> Maintenance

Answer: (Other Controls) Explain on Tab 8

PIA: PIA Assessment

Based upon NIST 800-60, volume II; List the Information data types chosen as a basis for your FIPS 199 System Categorization.

Answer: Health Care Delivery Services Information

<p>Availability Assessment: If the data being collected is not available to process for any reason what will the potential impact be upon the system or organization? (Choose One)</p>	<input checked="" type="checkbox"/> The potential impact is high if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals. <input type="checkbox"/> The potential impact is moderate if the loss of availability could be expected to have a serious adverse effect on operations, assets or individuals. <input type="checkbox"/> The potential impact is low if the loss of availability could be expected to have a limited adverse effect on operations, assets or individuals.
<p>Integrity Assessment: If the data being collected has been corrupted for any reason what will the potential impact be upon the system or organization? (Choose One)</p>	<input checked="" type="checkbox"/> The potential impact is high if the loss of integrity could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals. <input type="checkbox"/> The potential impact is moderate if the loss of integrity could be expected to have a serious adverse effect on operations, assets or individuals. <input type="checkbox"/> The potential impact is low if the loss of integrity could be expected to have a limited adverse effect on operations, assets or individuals.
<p>Confidentiality Assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization? (Choose One)</p>	<input checked="" type="checkbox"/> The potential impact is high if the loss of confidentiality could be expected to have a severe or catastrophic adverse effect on operations, assets or individuals. <input type="checkbox"/> The potential impact is moderate if the loss of confidentiality could be expected to have a serious adverse effect on operations, assets or individuals. <input type="checkbox"/> The potential impact is low if the loss of confidentiality could be expected to have a limited adverse effect on operations, assets or individuals.

The controls are being considered for the project based on the selections from the previous assessments? The minimum security requirements for our high impact system cover seventeen security-related areas with regard to protecting the confidentiality, integrity, and availability of VA information systems and the information processed, stored, and transmitted by those systems. The security-related areas include: access control; awareness and training; audit and accountability; certification, accreditation, and security assessments; configuration management; contingency planning; identification and authentication; incident response; maintenance; media protection; physical and environmental protection; planning; personnel security; risk assessment; systems and services acquisition; system and communications protection; and system and information integrity. Our facility employs all security controls in the respective high impact security control baseline unless specific exceptions have been allowed based on the tailoring guidance provided in NIST Special Publication 800-53 and specific VA directives.

(FY 2012) PIA: Additional Comments

Add any additional comments or information that may have been left out for any question. Please indicate the question you are responding to and then add your comments.

(FY 2012) PIA: Minor Applications A-M

Which of these are sub-components of your system?						
	1184 Web		X	Electronic Signature	X	Imaging
	A4P	Citrix		Clinical Case Registries		Embedded Fragment Registry
X	ACCU Care	Clinical Data Repository/Health Data Repository		ENCORE 2		Incident Reporting
X	ACCU Check	Clinical Info Resource Network		ENDSOFT		Income Verification Match
	ACCU Med	Clinical Monitoring System		Engineering		Incomplete Records Tracking
X	Adobe Acrobat	X		Clinical Notes Templates		Enrollment Application System
	ADP Planning (PlanMan)	X		Clinical Procedures		Enterprise Terminology Server & VHA Enterprise Terminology Services
	ADT	X		Clinical Reminders		ePROMISE
	Adverse Reaction Tracking			Clippership		Equipment/ Turn-in Request
	Agent Cashier			Combat Veteran Outreach	X	Event Capture
X	Air Fortress			Committee on Waiver and Compromises		Event Driven Reporting
X	ASISTS			Consult/ Request Tracking		Extensible Editor
	Authorization/ Subscription			Controlled Correspondence		External Peer Review
	Auto Instrument			Controlled Substances		EYECAP
	Auto Replenishment/ Ward Stock			CP&E	X	Fee Based Claims System
X	AUTOCAD	X		CPRS	X	Fee Basis
	Automated Access Request			CPT/ HCPCS Codes		Financial and Accounting System (FAS)
	Automated Info Collection Sys			Credentials Tracking	X	Financial Management System (FMS)
	Automated Lab Instruments			Credit Card Authentication		Functional Independence
	Automated Med Info Exchange			Data Innovations		Gen. Med. Rec. - I/O
	Automated Sales Reporting			DELIVEREX		Gen. Med. Rec. - Vitals
	AutoMed	X		Dental		Gen. Med. Rec. - Generator
X	Bad Code Med Admin			DICTATION-Power Scribe		GENDEX
	Barcode Medication Administration Contingency Plan (BCU)			Dietetics		Generic Code Sheet
X	BCMA Contingency Workstations			Discharge Summary		Genesys
	BDN 301			DRG Grouper		Get Well Networks
X	Beneficiary Travel			DRM Plus		GMED
X	Big Fix			Drug Accountability		GRECC
	CA Verified Components - DSSI			DSIT		Health Data and Informatics
	Capacity Management - RUM	X		DSS Extracts		Health Level Seven
	Capacity Management Tools	X		DSS Quadramed		Health Summary
X	CAPRI			EDS Whiteboard (AVJED)		Health Summary Contingency
	Cardiff Teleform			Education Tracking		HINQ
	Cardiology Systems (stand alone servers from the network)			EEO Complaint Tracking		Hospital Based Home Care
	Care Management	X		EKG System	X	ICB
	CareTracker			Electronic Card System (ECD)		ICR - Immunology Case Registry
	CHECKPOINT			Electronic Payroll Deduction (EPD)	X	IFCAP
Explain any minor application that are associated with your installation that does not appear in the list above. Please provide name, brief description, and any comments you may wish to include.						
	Name					
	Description					
	Comments					
	Is PII collected by this minor application?					
	Does this minor application store PII?					
	If yes, where?					
	Who has access to this data?					
	Name					
	Description					
	Comments					
	Is PII collected by this minor application?					
	Does this minor application store PII?					
	If yes, where?					
	Who has access to this data?					
	Name					
	Description					
	Comments					
	Is PII collected by this minor application?					
	Does this minor application store PII?					
	If yes, where?					
	Who has access to this data?					

(FY 2012) PIA: VISTA Minor Applications N-Z

Which of these are sub-components of your system?				
	National Cemetery Association	Pharmacy Data Management	Scanning Exam and Evaluation System	X VBECs
	National Drug File	Pharmacy National Database	X Scheduling	VDEF
	National Laboratory Test	Pharmacy Prescription Practice	Security Suite Utility Pack	Vendor - Document Storage Sys
	NDBI	PICIS OR	Sentillion	Veterans Canteen Web
	Network Health Exchange	X Police & Security	Shift Change Handoff Tool	Veterans Information Solution
	NOAHLINK	Problem List	ShoreTel	VHAHUNAPP1
X	NOIS	X Progress Notes	Social Work	VHAHUNFPC1
	Nursing Service	X Prosthetics	Stellant	VHS & RA Tracking System
	Occurrence Screen	Purchase Order Management System	Stentor	Visit Tracking
X	Omnicell	Pyxis	Surgery	X VISTA RAD
X	Oncology	Q-Matic	Survey Generator	X VISTA RO
	Onicord (VLOG)	QMSI Prescription Processing	Telecare Record Manager	VistALink
	Optifill	Quality Assurance Integration	X Temp Trak	VistALink Security
	Order Entry/ Results Reporting	Quality Improvement Checklist	Text Integration Utilities	Visual Impairment Service Team ANRV
X	Outpatient Pharmacy	QUASER	Tickler Database	Vitria BusinessWare
	P2000 ROBOT	Radiology/ Nuclear Medicine	Toolkit	VIXS
	PACS database	RAFT	X TopCon	Voluntary Timekeeping
	Patch Module	X RALS	TraceMaster	Voluntary Timekeeping National
	Patient Data Exchange	Record Tracking	Tracking Continuing Education	WEB HINQ
	Patient Feedback	Registration	Traumatic Brain Injury	Whiteboard
X	Patient Representative	X Release of Information - DSSI	Unwinder	Women's Health
	PCE Patient Care Encounter	Remote Order/ Entry System	Utility Management Rollup	Workload and Overtime
	Personal Computer Generated Letters	X RPC Broker	Utilization Review	
	Pharmacy Benefits Mangement	Run Time Library	VA Conference Room Registration	
		SAGG	X VA Fileman	
		SAN	VAMedSafe	
Explain any minor application that are associated with your installation that does not appear in the list above. Please provide name, brief description, and any comments you may wish to include.				
Name				
Description				
Comments				
Is PII collected by this minor application?				
Does this minor application store PII?				
If yes, where?				
Who has access to this data?				
Name				
Description				
Comments				
Is PII collected by this minor application?				
Does this minor application store PII?				
If yes, where?				
Who has access to this data?				
Name				
Description				
Comments				
Is PII collected by this minor application?				
Does this minor application store PII?				
If yes, where?				
Who has access to this data?				

(FY 2012) PIA: Final Signatures		*Green Highlight = Must Answer Question	
Facility Name:	Alexandria, Louisiana		
Title:	Name:	Phone:	Email:
Privacy Officer:	Sandra Shirah	318-466-2231	sandra.shirah@va.gov
Digital Signature Block			
Information Security Officer:	Jerry Ross	318-466-2080	jerry.ross@va.gov
Digital Signature Block			
System Owner/Delegate:	Dale Nelson	(479) 587-5886	Riley.Nelson@va.gov
Digital Signature Block			
Chief Information Officer:	David Thurmond	318-466-2577	david.thurmond@va.gov
Digital Signature Block			
R2 SMD Reviewer	Sandra Hedtke	701-237-2566	sandra.hedtke@va.gov
Digital Signature Block			
Date of Report:	12/2011		
OMB Unique Project Identifier	029-00-01-11-01-1180-00		
Project Name	REGION 2 > VHA > VISN 16 > Alexandria VAMC > Vista - VMS		
<p>The Signature Process:</p> <ul style="list-style-type: none"> • Complete the PIA form. • Name the PIA Excel FORM ["FY12-Region # - Facility Name - Facility # -Date(mmddyyyy).xls"] <ul style="list-style-type: none"> • Example: "FY12-Region3-Lexington VAMC-596-10302008.xls" • Submit the completed PIA Excel form to SMART Database. • Fix errors the reviewers sent back, rename the file and submit to SMART Database <ul style="list-style-type: none"> • If no errors, convert form into PDF with Nuance PDF Professional. • Name the PIA PDF form ["FY12-Region #-Facility Name- Facility # -Date(mmddyyyy).xls"] <ul style="list-style-type: none"> • Obtain digital signatures on the "Final Signatures tab" • Submit signed PIA PDF form to the SMART Database. 			