

(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 > Gulf Coast HCS (Biloxi) > LAN	
OMB Unique System / Application / Program Identifier (AKA: UPID #):		029-00-02-00-01-1120-00	
Description of System/ Application/ Program : "must match what is stated in System Security Plan (SSP)"		<p>The Local Area Network (LAN) system is comprised of workstations, servers, printers and other equipment which include devices such as routers, hubs, switches, and firewalls that support communications to extended LAN locations such as community based outpatient clinics (CBOC's). The LAN system also includes subsystem components such as tape drives, disk drives, uninterruptible power supplies (UPS), network area storage (NAS), and storage access networks (SAN). Within this plan each facility will document their own physical description of their LAN system including local and extended LAN locations, its components and subsystems.</p> <p>Access to the LAN system is via wired or wireless devices using TCP/IP and other protocols operating on a variety of operating systems including UNIX, Linux, and Windows-family operating systems. Devices which access the LAN system include government furnished equipment (GFE) such as: personal style computers, thin clients, various models of "dumb" terminals, portable computing devices and medical device systems. Clients primarily connect over the TCP/IP network using terminal emulation software and remote procedure call (RPC) broker to VistA or other network resources such as file, print or application servers and telephone systems. Access to external resources outside the LAN boundary will conform to national wide area network (WAN) guidelines on configuration and usage. WAN security is outside facility control and beyond the scope of this document.</p>	
Facility or Program Office Name:		Gulf Coast HCS (Biloxi, MS)	
Title:		Name:	Phone:
Privacy Officer:		Melanie Lane	228-523-5526
Information Security Officer:		David Merit	228-523-4789
System Owner/Delegate:		Dale Nelson	479-444-5011
Chief Information Officer:		David Wagner	228-523-5700
Information Owner:		Thomas Wisniewski	228-523-5766
Other Titles:		Paula Nichols	228-523-5247
Person Completing Document:			
Other Titles:			
Date of Last Full Approved PIA by VACO Privacy Services: (MM/YYYY)			06/2009
What specific legal authorities authorize this program or system:		Title 38, United States Code, Sections 501(b) and 304.	
What is the expected number of individuals that will have their PII stored in this system:		approximately 1,000,000	
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.		10	
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 identifier?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
6. What is the System of Records Notice (SORN) for this system?	24VA19			
7. Has this SORN been reviewed or updated within the last three years?	Yes two years ago			
Date of Report (MM/YYYY):		November 22, 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) :

24VA19

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 type="checkbox"/> Full Name
<input type="checkbox"/> Maiden Name
<input type="checkbox"/> Mother's Maiden Name
<input type="checkbox"/> Alias
<input 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?
***If Yes, has the process begun to obtain/acquire a SORN

Yes No
 Yes No

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	On The Form
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	On The Form
Service Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary	On The Form
Medical Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary	On The Form
Criminal Record Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Other Federal Agency (Identify)	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary	On The Form
Guardian Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary	On The Form
Education Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary	On The Form
Benefit Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary	On The Form
Other (Explain on Tab 8)	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Mandatory <input 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		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Other Veteran Organization		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Other Federal Government Agency	Keesler Hospital (AFB)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Healthcare	<input type="radio"/> Yes <input checked="" type="radio"/> No	MOU
State Government Agency		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Local Government Agency		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
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:		REGION 2 > VHA > VISN 16 > Gulf Coast HCS (Biloxi) > VistA-VMS			
(FY 2012) PIA: Secondary Use					
Will PII data be included with any secondary use request?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Check all that apply		<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> HIV	<input checked="" type="checkbox"/> Drug/Alcohol Counseling	
		<input checked="" type="checkbox"/> Sickle Cell	<input type="checkbox"/> Other (Explain on Tab 8)	<input checked="" 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 checked="" type="checkbox"/> Received From Database <input checked="" 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 per the RCS 10-1		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: Shredding			
Where are these procedures documented?			
Answer: Local privacy policy/procedure and VA Directive 6371 - Document Destruction			
How are data retention procedures enforced?			
Answer: by following the station memorandum that is accordance with the above 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.	<input checked="" type="radio"/> Yes	<input type="radio"/> 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..	<input checked="" type="radio"/> Yes	<input type="radio"/> No (Explain on Tab 8)
Is security monitoring conducted annually or as needed to ensure that controls continue to work properly, safeguarding the information?	<input checked="" type="radio"/> Yes	<input type="radio"/> No (Explain on Tab 8)
Is security assessment conducted annually or as needed to ensure that controls continue to work properly, safeguarding the information?	<input checked="" type="radio"/> Yes	<input type="radio"/> No (Explain on Tab 8)
Is adequate physical security in place to protect against unauthorized access?	<input checked="" type="radio"/> Yes	<input type="radio"/> 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 type="checkbox"/> Terrorist
<input type="checkbox"/> Blizzard	<input checked="" type="checkbox"/> Flood	<input checked="" type="checkbox"/> Malicious Code	<input checked="" type="checkbox"/> Thunderstorm
<input type="checkbox"/> Burglary/Break In	<input checked="" type="checkbox"/> Hacker, Cracker	<input type="checkbox"/> Password Privacy Negligence	<input checked="" type="checkbox"/> Tornado
<input type="checkbox"/> Civil Unrest	<input checked="" type="checkbox"/> Hail	<input checked="" type="checkbox"/> Personnel Unavailable	<input type="checkbox"/> Tsunami
<input type="checkbox"/> Component Failure	<input checked="" type="checkbox"/> HAZMAT Release/Spill	<input checked="" type="checkbox"/> Power Failure	<input checked="" type="checkbox"/> User Negligence
<input type="checkbox"/> Dam Failure	<input checked="" type="checkbox"/> Human Health Emergency	<input checked="" type="checkbox"/> Sabotage	<input type="checkbox"/> User Sabotage
<input type="checkbox"/> Dust/Debris	<input checked="" type="checkbox"/> Hurricane	<input checked="" type="checkbox"/> System Intrusion, Break-Ins	<input type="checkbox"/> Vibration
<input type="checkbox"/> Earthquake	<input checked="" type="checkbox"/> HVAC Failure	<input checked="" type="checkbox"/> System Misconfiguration	<input type="checkbox"/> Volcano
<input type="checkbox"/> Extreme Cold	<input checked="" type="checkbox"/> Indoor Humidity	<input checked="" type="checkbox"/> System Penetration	<input checked="" type="checkbox"/> Water Damage
<input checked="" type="checkbox"/> Extreme Heat	<input type="checkbox"/> Landslide	<input checked="" type="checkbox"/> System Tampering	<input checked="" 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: **D.14.4. Health Care Delivery Services Information Type**

<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 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 checked="" 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.

Tab 4, line 37 Agency is NCIC

Tab 4, line 43 - HINQ

Tab 4, line 35 - CPRS

(FY 2012) PIA: VBA Minor Applications

Which of these are sub-components of your system?			
	Access Manager	Automated Sales Reporting (ASR)	Automated Folder Processing System (AFPS)
	Actuarial	BCMA Contingency Machines	Automated Medical Information Exchange II (AIME II)
	Agent Orange	x	Automated Medical Information System (AMIS)290
	Appraisal System	Centralized Property Tracking System	Automated Standardized Performance Elements Nationwide (ASPEN)
x	ASSISTS	Common Security User Manager (CSUM)	Broome Closet
	Awards	x Compensation and Pension (C&P)	Centralized Accounts Receivable System (CARS)
	Baker System	Control of Veterans Records (COVERS)	Committee on Waivers and Compromises (COWC)
	Bbraun (CP Hemo)	Courseware Delivery System (CDS)	x Compensation and Pension (C&P) Record Interchange (CAPRI)
		x Dental Records Manager	
		Education Training Website	Compensation & Pension Training Website
	C&P Payment System	Electronic Appraisal System	Distribution of Operational Resources (DOOR)
	C&P Training Website	Electronic Card System (ECS)	Educational Assistance for Members of the Selected Reserve Program CH 1606
	CONDO PUD Builder	Electronic Payroll Deduction (EPD)	Electronic Performance Support System (EPSS)
		Eligibility Verification Report (EVR)	x Enterprise Wireless Messaging System (Blackberry)
		Fiduciary Beneficiary System (FBS)	Financial Management Information System (FMI)
	EndoSoft	Fiduciary STAR Case Review	Hearing Officer Letters and Reports System (HOLAR)
	FOCAS	Financial and Accounting System (FAS)	Inquiry Routing Information System (IRIS)
	Inforce	Insurance Unclaimed Liabilities	Modern Awards Process Development (MAP-D)
	INS - BIRLS	Inventory Management System (IMS)	
	Insurance Online	Interactive Voce Response (IVR)	x Personal Computer Generated Letters (PCGL)
	Insurance Self Service	LGY Centralized Fax System	Personnel Information Exchange System (PIES)
	LGV Home Loans	Loan Service and Claims	Post Vietnam Era educational Program (VEAP) CH 32
	LGV Processing	Loan Guaranty Training Website	x Purchase Order Management System (POMS)
	MES		Reinstatement Entitlement Program for Survivors (REAPS)
	Mobilization		x Mental Health Assistant
	Montgomery GI Bill	National Silent Monitoring (NSM)	x RightFax
x	MUSE	Powerscribe Dictation System	Service Member Records Tracking System
x	Omnicell	Rating Board Automation 2000 (RBA2000)	Survivors and Dependents Education Assistance CH 35
	Priv Plus	x Records Locator System	Systematic Technical Accuracy Review (STAR)
	RAI/MDS	Remittance Processing System	Training and Performance Support System (TPSS)
	Right Now Web	Review of Quality (ROQ)	VA Online Certification of Enrollment (VA-ONCE)
	SAHSHA	Search Participant Profile (SPP)	
x	Script Pro	Spinal Bifida Program Ch 18	VA Reserve Educational Assistance Program
	SHARE	State Benefits Reference System	Veterans Assistance Discharge System (VADS)
	Sidexis	State of Case/Supplemental (SOC/SSOC)	Veterans Exam Request Info System (VERIS)
	Synquest	Telecare Record Manager	Veterans Insurance Claims Tranking and Response System (VICTARS)
		VBA Enterprise Messaging System	Veterans Service Representative (VSR) Advisor
x	VBA Training Academy		Vocational Rehabilitation & Employment (VR&E) CH 31
x	Veterans Canteen Web		
	VETSNET Housekeeping	Web Electronic Lender Identification	Web Automated Folder Processing System (WAFPS)
			Web Automated Reference Material System (WARMS)
	VR&E Training Website		Web Automated Verification of Enrollment
	Web LGY		Web-Enabled Approval Management System (WEAMS)
			Web Service Medical Records (WebSMR)
			Work Study Management System (WSMS)
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 min or application?		
	Does this minor application store PII?		
	If yes, where?		
	Who has access to this data?		
	Name		
	Description		
	Comments		
	Is PII collected by this min or application?		
	Does this minor application store PII?		
	If yes, where?		
	Who has access to this data?		
	Name		
	Description		
	Comments		
	Is PII collected by this min or 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?			
<input checked="" type="checkbox"/>	National Cemetery Association	<input checked="" type="checkbox"/> Pharmacy Data Management	<input checked="" type="checkbox"/> Scanning Exam and Evaluation System
	National Drug File	<input checked="" type="checkbox"/> Pharmacy National Database	<input checked="" type="checkbox"/> Scheduling
<input checked="" type="checkbox"/>	National Laboratory Test	<input checked="" type="checkbox"/> Pharmacy Prescription Practice	<input checked="" type="checkbox"/> Security Suite Utility Pack
<input checked="" type="checkbox"/>	NDBI	<input checked="" type="checkbox"/> PICIS OR	<input checked="" type="checkbox"/> Sentillion
	Network Health Exchange	<input checked="" type="checkbox"/> Police & Security	<input checked="" type="checkbox"/> Shift Change Handoff Tool
<input checked="" type="checkbox"/>	NOAHLINK	<input checked="" type="checkbox"/> Problem List	<input checked="" type="checkbox"/> ShoreTel
	NOIS	<input checked="" type="checkbox"/> Progress Notes	<input checked="" type="checkbox"/> Social Work
<input checked="" type="checkbox"/>	Nursing Service	<input checked="" type="checkbox"/> Prosthetics	<input checked="" type="checkbox"/> Stellant
<input checked="" type="checkbox"/>	Occurrence Screen	<input checked="" type="checkbox"/> Purchase Order Management System	<input checked="" type="checkbox"/> Stentor
<input checked="" type="checkbox"/>	Omnicell	<input checked="" type="checkbox"/> Pyxis	<input checked="" type="checkbox"/> Surgery
<input checked="" type="checkbox"/>	Oncology	<input checked="" type="checkbox"/> Q-Matic	<input checked="" type="checkbox"/> Survey Generator
	Onicord (VLOG)	<input checked="" type="checkbox"/> QMSI Prescription Processing	<input checked="" type="checkbox"/> Telecare Record Manager
<input checked="" type="checkbox"/>	Optifill	<input checked="" type="checkbox"/> Quality Assurance Integration	<input checked="" type="checkbox"/> Temp Trak
<input checked="" type="checkbox"/>	Order Entry/ Results Reporting	<input checked="" type="checkbox"/> Quality Improvement Checklist	<input checked="" type="checkbox"/> Text Integration Utilities
<input checked="" type="checkbox"/>	Outpatient Pharmacy	<input checked="" type="checkbox"/> QUASER	<input checked="" type="checkbox"/> Tickler Database
	P2000 ROBOT	<input checked="" type="checkbox"/> Radiology/ Nuclear Medicine	<input checked="" type="checkbox"/> Toolkit
<input checked="" type="checkbox"/>	PACS database	<input checked="" type="checkbox"/> RAFT	<input checked="" type="checkbox"/> TopCon
<input checked="" type="checkbox"/>	Patch Module	<input checked="" type="checkbox"/> Title	<input checked="" type="checkbox"/> TraceMaster
<input checked="" type="checkbox"/>	Patient Data Exchange	<input checked="" type="checkbox"/> Record Tracking	<input checked="" type="checkbox"/> Tracking Continuing Education
	Patient Feedback	<input checked="" type="checkbox"/> Registration	<input checked="" type="checkbox"/> Traumatic Brain Injury
<input checked="" type="checkbox"/>	Patient Representative	<input checked="" type="checkbox"/> Release of Information - DSSI	<input checked="" type="checkbox"/> Unwinder
<input checked="" type="checkbox"/>	PCE Patient Care Encounter	<input checked="" type="checkbox"/> Remote Order/ Entry System	<input checked="" type="checkbox"/> Utility Management Rollup
<input checked="" type="checkbox"/>	Personal Computer Generated Letters	<input checked="" type="checkbox"/> RPC Broker	<input checked="" type="checkbox"/> Utilization Review
<input checked="" type="checkbox"/>	Pharmacy Benefits Mangement	<input checked="" type="checkbox"/> Run Time Library	<input checked="" type="checkbox"/> VA Conference Room Registration
		<input checked="" type="checkbox"/> SAGG	<input checked="" type="checkbox"/> VA Fileman
		<input checked="" type="checkbox"/> SAN	<input checked="" type="checkbox"/> 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:	Gulf Coast HCS (Biloxi, MS)		
Title:	Name:	Phone:	Email:
Privacy Officer:	Melanie Lane	228-523-5526	melanie.lane@va.gov
Digital Signature Block			
Information Security Officer:	David Merit	228-523-4789	david.merit2@va.gov
Digital Signature Block			
System Owner/Delegate:	Dale Nelson	479-444-5011	riley.nelson@va.gov
Digital Signature Block			
Chief Information Officer:	David Wagner	228-523-5700	david.wagner@va.gov
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R2 Security Mgmt Team Reviewer	Sandra Hedtke	701-237-2566	sandra.hedtke@va.gov
Digital Signature Block			
Date of Report:	22-Nov-11		
OMB Unique Project Identifier	029-00-02-00-01-1120-00		
Project Name	REGION 2 > VHA > VISN 16 > Gulf Coast HCS (Biloxi) > LAN		
<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(mmdyyyy).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(mmdyyyy).xls"] <ul style="list-style-type: none"> • Obtain digital signatures on the "Final Signatures tab" • Submit signed PIA PDF form to the SMART Database. 			