

(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 17 > Central Texas HCS > LAN			
OMB Unique System / Application / Program Identifier (AKA: UPIID #):		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, and switches 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).</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 Windows-family operating systems. Devices which access the LAN system include government furnished equipment (GFE) such as: personal 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:		Temple, TX			
Title:		Name:		Phone:	
Privacy Officer:		Carl Davenport		254-743-2711	
Information Security Officer:		Anita Baez		(254) 743-0547	
System Owner/Delegate:		Ron Cook for BK Hack		817.385.3740	
Chief Information Officer:		Victor Vitolas		254-743-1200	
Information Owner:					
Other Titles: OI&T Compliance Officer		Franklin Black		254-743-0275	
Person Completing Document:		Sandra Hedtko		701-237-2566	
Other Titles:					
Date of Last Full Approved PIA by VACO Privacy Services: (MM/YYYY)		03/2009			
What specific legal authorities authorize this program or system:		Title 38, USC, section 7301(a)			
What is the expected number of individuals that will have their PII stored in this system:		300,000+			
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.		16			
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 three years ago			
2. System Information					

Date of Report (MM/YYYY):		02/2012	
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 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				
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 type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Service Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Veteran	<input type="radio"/> Mandatory <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No		<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 type="radio"/> Yes <input checked="" 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	
	<i>(Please Select Yes/No)</i>			
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 type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Other Veteran Organization		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Other Federal Government Agency		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
State Government Agency		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Local Government Agency		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Research Entity		<input type="radio"/> Yes <input checked="" 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:		Central Texas VistA system			
(FY 2012) PIA: Secondary Use					
Will PII data be included with any secondary use request?		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> HIV	<input checked="" type="checkbox"/> Drug/Alcohol Counseling
Check all that apply		<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	
The data retention period will be dependent on the type of data and the intended use. The projects will take into account all applicable federal regulatory requirements, VA guidelines and directives to determine the exact period for data retention. Veteran data is 75 years after last input to record.		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: For PSETS, the data retention period will be maintained in the Remedy system for an undetermined timeframe. The publication of the SOR notice will include the determined retention period.			
What are the procedures for eliminating data at the end of the retention period?			
Answer: The procedures for eliminating data at the end of the retention period are under development. The projects will comply with all applicable federal regulatory requirements, VA guidelines and directives. The PSETS will abide by VA policy for safely disposing of expired personal data.			
Where are these procedures documented?			
Answer: The procedures will be documented once they are determined and are currently under development. The project will comply with requirements, VA and directives. For PSETS, these procedures will be addressed in the PSETS SOR Notice.			
How are data retention procedures enforced?			
Answer: Data retention procedures will be enforced using technical and managerial control mechanisms. For PSETS, the enforcement will be addressed in the PSETS SOR Notice.			
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 checked="" 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 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 checked="" type="checkbox"/> Civil Unrest	<input checked="" type="checkbox"/> Hail	<input checked="" type="checkbox"/> Personnel Unavailable	<input type="checkbox"/> Tsunami
<input checked="" type="checkbox"/> Component Failure	<input checked="" type="checkbox"/> HAZMAT Release/Spill	<input checked="" type="checkbox"/> Power Failure	<input checked="" type="checkbox"/> User Negligence
<input checked="" type="checkbox"/> Dam Failure	<input checked="" type="checkbox"/> Human Health Emergency	<input checked="" type="checkbox"/> Sabotage	<input checked="" type="checkbox"/> User Sabotage
<input checked="" type="checkbox"/> Dust/Debris	<input checked="" type="checkbox"/> Hurricane	<input checked="" type="checkbox"/> System Intrusion, Break-Ins	<input checked="" type="checkbox"/> Vibration
<input checked="" type="checkbox"/> Earthquake	<input checked="" type="checkbox"/> HVAC Failure	<input checked="" type="checkbox"/> System Misconfiguration	<input type="checkbox"/> Volcano
<input checked="" 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:	Health Care Services Information Type
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)	<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.
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)	<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.
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)	<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.

Tab 4, line 41 - Employee Education Information is considered Mandatory whereas Veteran education information is voluntary.

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

Which of these are sub-components of your system?				
	<input type="checkbox"/> National Cemetery Association	<input type="checkbox"/> Pharmacy Data Management	<input type="checkbox"/> Scanning Exam and Evaluation System	<input type="checkbox"/> VBECs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> National Drug File	<input checked="" type="checkbox"/> Pharmacy National Database	<input checked="" type="checkbox"/> Scheduling	<input type="checkbox"/> VDEF
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> National Laboratory Test	<input checked="" type="checkbox"/> Pharmacy Prescription Practice	<input checked="" type="checkbox"/> Security Suite Utility Pack	<input type="checkbox"/> Vendor - Document Storage Sys
	<input type="checkbox"/> NDBI	<input type="checkbox"/> PICIS OR	<input type="checkbox"/> Sentillion	<input checked="" type="checkbox"/> Veterans Canteen Web
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Network Health Exchange	<input checked="" type="checkbox"/> Police & Security	<input checked="" type="checkbox"/> Shift Change Handoff Tool	<input type="checkbox"/> Veterans Information Solution
	<input type="checkbox"/> NOAHLINK	<input type="checkbox"/> Problem List	<input type="checkbox"/> ShoreTel	<input type="checkbox"/> VHAHUNAPP1
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NOIS	<input checked="" type="checkbox"/> Progress Notes	<input checked="" type="checkbox"/> Social Work	<input type="checkbox"/> VHAHUNFPC1
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Nursing Service	<input checked="" type="checkbox"/> Prosthetics	<input type="checkbox"/> Stellant	<input type="checkbox"/> VHS & RA Tracking System
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Occurrence Screen	<input checked="" type="checkbox"/> Purchase Order Management System	<input type="checkbox"/> Stentor	<input checked="" type="checkbox"/> Visit Tracking
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Omnicell	<input checked="" type="checkbox"/> Pyxis	<input checked="" type="checkbox"/> Surgery	<input checked="" type="checkbox"/> VISTA RAD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oncology	<input checked="" type="checkbox"/> Q-Matic	<input checked="" type="checkbox"/> Survey Generator	<input checked="" type="checkbox"/> VISTA RO
	<input type="checkbox"/> Onwicord (VLOG)	<input checked="" type="checkbox"/> QMSI Prescription Processing	<input type="checkbox"/> Telecare Record Manager	<input type="checkbox"/> VistALink
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Optifill	<input checked="" type="checkbox"/> Quality Assurance Integration	<input checked="" type="checkbox"/> Temp Trak	<input type="checkbox"/> VistALink Security
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Order Entry/ Results Reporting	<input type="checkbox"/> Quality Improvement Checklist	<input checked="" type="checkbox"/> Text Integration Utilities	<input type="checkbox"/> Visual Impairment Service Team ANRV
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient Pharmacy	<input checked="" type="checkbox"/> QUASER	<input type="checkbox"/> Tickler Database	<input type="checkbox"/> Vitria BusinessWare
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> P2000 ROBOT	<input checked="" type="checkbox"/> Radiology/ Nuclear Medicine	<input checked="" type="checkbox"/> Toolkit	<input type="checkbox"/> VIXS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PACS database	<input type="checkbox"/> RAFT	<input checked="" type="checkbox"/> TopCon	<input checked="" type="checkbox"/> Voluntary Timekeeping
	<input type="checkbox"/> Patch Module	<input checked="" type="checkbox"/> RALS	<input type="checkbox"/> TraceMaster	<input checked="" type="checkbox"/> Voluntary Timekeeping National
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Patient Data Exchange	<input checked="" type="checkbox"/> Record Tracking	<input checked="" type="checkbox"/> Tracking Continuing Education	<input checked="" type="checkbox"/> WEB HINQ
	<input type="checkbox"/> Patient Feedback	<input checked="" type="checkbox"/> Registration	<input checked="" type="checkbox"/> Traumatic Brain Injury	<input checked="" type="checkbox"/> Whiteboard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Patient Representative	<input checked="" type="checkbox"/> Release of Information - DSSI	<input type="checkbox"/> Unwinder	<input checked="" type="checkbox"/> Women's Health
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PCE Patient Care Encounter	<input checked="" type="checkbox"/> Remote Order/ Entry System	<input type="checkbox"/> Utility Management Rollup	<input checked="" type="checkbox"/> Workload and Overtime
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Personal Computer Generated Letters	<input checked="" type="checkbox"/> RPC Broker	<input checked="" type="checkbox"/> Utilization Review	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pharmacy Benefits Mangement	<input type="checkbox"/> Run Time Library	<input type="checkbox"/> VA Conference Room Registration	
	<input type="checkbox"/>	<input checked="" type="checkbox"/> SAGG	<input checked="" type="checkbox"/> VA Fileman	
	<input type="checkbox"/>	<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:	Temple, TX		
Title:	Name:	Phone:	Email:
Privacy Officer:	Carl Davenport	254-743-2711	carl.davenport@va.gov
Digital Signature Block			
Information Security Officer:	Anita Baez	(254) 743-0547	anita.baez@va.gov
Digital Signature Block			
System Owner/Delegate:	Ron Cook for BK Hack	817.385.3740	ron.cook1@va.gov
Digital Signature Block			
Chief Information Officer:	Victor Vitolas	254-743-1200	victor.vitolas@va.gov
Digital Signature Block			
R2 SMD Reviewer	Sandra Hedtke	701-237-2566	sandra.hedtke@va.gov
3/2/2012	Digital Signature Block		
<p>X SANDRA HEDTKE</p> <p>Sandra Hedtke R2 Security Management</p>			
OMB Unique Project Identifier	029-00-02-00-01-1120-00	02/2012	
Project Name	REGION 2 > VHA > VISN 17 > Central Texas HCS > 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(mmdyyy).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(mmdyyy).xls"] <ul style="list-style-type: none"> • Obtain digital signatures on the "Final Signatures tab" • Submit signed PIA PDF form to the SMART Database. 			