

PRIVACY IMPACT ASSESSMENT (PIA)

PRESCRIBING AUTHORITY: DoD Instruction 5400.16, "DoD Privacy Impact Assessment (PIA) Guidance". Complete this form for Department of Defense (DoD) information systems or electronic collections of information (referred to as an "electronic collection" for the purpose of this form) that collect, maintain, use, and/or disseminate personally identifiable information (PII) about members of the public, Federal employees, contractors, or foreign nationals employed at U.S. military facilities internationally. In the case where no PII is collected, the PIA will serve as a conclusive determination that privacy requirements do not apply to system.

1. DOD INFORMATION SYSTEM/ELECTRONIC COLLECTION NAME:

Defense Corporate Warehouse

2. DOD COMPONENT NAME:

Defense Finance and Accounting Service

3. PIA APPROVAL DATE:

02/22/18

SECTION 1: PII DESCRIPTION SUMMARY (FOR PUBLIC RELEASE)

a. The PII is: (Check one. Note: foreign nationals are included in general public.)

- | | |
|---|---|
| <input type="checkbox"/> From members of the general public | <input type="checkbox"/> From Federal employees and/or Federal contractors |
| <input type="checkbox"/> From both members of the general public and Federal employees and/or Federal contractors | <input checked="" type="checkbox"/> Not Collected (if checked proceed to Section 4) |

b. The PII is in a: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> New DoD Information System | <input type="checkbox"/> New Electronic Collection |
| <input type="checkbox"/> Existing DoD Information System | <input type="checkbox"/> Existing Electronic Collection |
| <input type="checkbox"/> Significantly Modified DoD Information System | |

c. Describe the purpose of this DoD information system or electronic collection and describe the types of personal information about individuals collected in the system.

d. Why is the PII collected and/or what is the intended use of the PII? (e.g., verification, identification, authentication, data matching, mission-related use, administrative use)

e. Do individuals have the opportunity to object to the collection of their PII? Yes No

- (1) If "Yes," describe the method by which individuals can object to the collection of PII.
(2) If "No," state the reason why individuals cannot object to the collection of PII.

f. Do individuals have the opportunity to consent to the specific uses of their PII? Yes No

- (1) If "Yes," describe the method by which individuals can give or withhold their consent.
(2) If "No," state the reason why individuals cannot give or withhold their consent.

g. When an individual is asked to provide PII, a Privacy Act Statement (PAS) and/or a Privacy Advisory must be provided. (Check as appropriate and provide the actual wording.)

- Privacy Act Statement Privacy Advisory Not Applicable

h. With whom will the PII be shared through data exchange, both within your DoD Component and outside your Component? (Check all that apply)

Within the DoD Component

Specify.

<input type="checkbox"/> Other DoD Components	Specify.	<input type="text"/>
<input type="checkbox"/> Other Federal Agencies	Specify.	<input type="text"/>
<input type="checkbox"/> State and Local Agencies	Specify.	<input type="text"/>
<input type="checkbox"/> Contractor (Name of contractor and describe the language in the contract that safeguards PII. Include whether FAR privacy clauses, i.e., 52.224-1, Privacy Act Notification, 52.224-2, Privacy Act, and FAR 39.105 are included in the contract.)	Specify.	<input type="text"/>
<input type="checkbox"/> Other (e.g., commercial providers, colleges).	Specify.	<input type="text"/>

i. Source of the PII collected is: (Check all that apply and list all information systems if applicable)

<input type="checkbox"/> Individuals	<input type="checkbox"/> Databases
<input type="checkbox"/> Existing DoD Information Systems	<input type="checkbox"/> Commercial Systems
<input type="checkbox"/> Other Federal Information Systems	

j. How will the information be collected? (Check all that apply and list all Official Form Numbers if applicable)

<input type="checkbox"/> E-mail	<input type="checkbox"/> Official Form (Enter Form Number(s) in the box below)
<input type="checkbox"/> Face-to-Face Contact	<input type="checkbox"/> Paper
<input type="checkbox"/> Fax	<input type="checkbox"/> Telephone Interview
<input type="checkbox"/> Information Sharing - System to System	<input type="checkbox"/> Website/E-Form
<input type="checkbox"/> Other (If Other, enter the information in the box below)	

k. Does this DoD Information system or electronic collection require a Privacy Act System of Records Notice (SORN)?

A Privacy Act SORN is required if the information system or electronic collection contains information about U.S. citizens or lawful permanent U.S. residents that is retrieved by name or other unique identifier. PIA and Privacy Act SORN information must be consistent.

Yes No

If "Yes," enter SORN System Identifier

SORN Identifier, not the Federal Register (FR) Citation. Consult the DoD Component Privacy Office for additional information or <http://dpcl.dod.mil/Privacy/SORNs/>
or

If a SORN has not yet been published in the Federal Register, enter date of submission for approval to Defense Privacy, Civil Liberties, and Transparency Division (DPCLTD). Consult the DoD Component Privacy Office for this date

If "No," explain why the SORN is not required in accordance with DoD Regulation 5400.11-R: Department of Defense Privacy Program.

l. What is the National Archives and Records Administration (NARA) approved, pending or general records schedule (GRS) disposition authority for the system or for the records maintained in the system?

(1) NARA Job Number or General Records Schedule Authority.

(2) If pending, provide the date the SF-115 was submitted to NARA.

(3) Retention Instructions.

m. What is the authority to collect information? A Federal law or Executive Order must authorize the collection and maintenance of a system of records. For PII not collected or maintained in a system of records, the collection or maintenance of the PII must be necessary to discharge the requirements of a statute or Executive Order.

- (1) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act SORN should be similar.
- (2) If a SORN does not apply, cite the authority for this DoD information system or electronic collection to collect, use, maintain and/or disseminate PII. (If multiple authorities are cited, provide all that apply).
 - (a) Cite the specific provisions of the statute and/or EO that authorizes the operation of the system and the collection of PII.
 - (b) If direct statutory authority or an Executive Order does not exist, indirect statutory authority may be cited if the authority requires the operation or administration of a program, the execution of which will require the collection and maintenance of a system of records.
 - (c) If direct or indirect authority does not exist, DoD Components can use their general statutory grants of authority ("internal housekeeping") as the primary authority. The requirement, directive, or instruction implementing the statute within the DoD Component must be identified.

n. Does this DoD information system or electronic collection have an active and approved Office of Management and Budget (OMB) Control Number?

Contact the Component Information Management Control Officer or DoD Clearance Officer for this information. This number indicates OMB approval to collect data from 10 or more members of the public in a 12-month period regardless of form or format.

Yes No Pending

- (1) If "Yes," list all applicable OMB Control Numbers, collection titles, and expiration dates.
- (2) If "No," explain why OMB approval is not required in accordance with DoD Manual 8910.01, Volume 2, " DoD Information Collections Manual: Procedures for DoD Public Information Collections."
- (3) If "Pending," provide the date for the 60 and/or 30 day notice and the Federal Register citation.

SECTION 2: PII RISK REVIEW

a. What PII will be collected (a data element alone or in combination that can uniquely identify an individual)? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Biometrics | <input type="checkbox"/> Birth Date | <input type="checkbox"/> Child Information |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Disability Information | <input type="checkbox"/> DoD ID Number |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Education Information | <input type="checkbox"/> Emergency Contact |
| <input type="checkbox"/> Employment Information | <input type="checkbox"/> Financial Information | <input type="checkbox"/> Gender/Gender Identification |
| <input type="checkbox"/> Home/Cell Phone | <input type="checkbox"/> Law Enforcement Information | <input type="checkbox"/> Legal Status |
| <input type="checkbox"/> Mailing/Home Address | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Military Records | <input type="checkbox"/> Mother's Middle/Maiden Name | <input type="checkbox"/> Name(s) |
| <input type="checkbox"/> Official Duty Address | <input type="checkbox"/> Official Duty Telephone Phone | <input type="checkbox"/> Other ID Number |
| <input type="checkbox"/> Passport Information | <input type="checkbox"/> Personal E-mail Address | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Position/Title | <input type="checkbox"/> Protected Health Information (PHI) ¹ |
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Rank/Grade | <input type="checkbox"/> Religious Preference |
| <input type="checkbox"/> Records | <input type="checkbox"/> Security Information | <input type="checkbox"/> Social Security Number (SSN) (Full or in any form) |
| <input type="checkbox"/> Work E-mail Address | <input type="checkbox"/> If Other, enter the information in the box below | |

If the SSN is collected, complete the following questions.

(DoD Instruction 1000.30 states that all DoD personnel shall reduce or eliminate the use of SSNs wherever possible. SSNs shall not be used in spreadsheets, hard copy lists, electronic reports, or collected in surveys unless they meet one or more of the acceptable use criteria.)

(1) Is there a current (dated within two (2) years) DPCLTD approved SSN Justification on Memo in place?

- Yes No

If "Yes," provide the signatory and date approval. If "No," explain why there is no SSN Justification Memo.

(2) Describe the approved acceptable use in accordance with DoD Instruction 1000.30 "Reduction of Social Security Number (SSN) Use within DoD".

(3) Describe the mitigation efforts to reduce the use including visibility and printing of SSN in accordance with DoD Instruction 1000.30, "Reduction of Social Security Number (SSN) Use within DoD".

(4) Has a plan to eliminate the use of the SSN or mitigate its use and or visibility been identified in the approved SSN Justification request?

If "Yes," provide the unique identifier and when can it be eliminated?

If "No," explain.

- Yes No

b. What is the PII confidentiality impact level²? Low Moderate High

¹The definition of PHI involves evaluating conditions listed in the HIPAA. Consult with General Counsel to make this determination.
²Guidance on determining the PII confidentiality impact level, see Section 2.5 "Categorization of PII Using NIST SP 800-122." Use the identified PII confidentiality impact level to apply the appropriate Privacy Overlay low, moderate, or high. This activity may be conducted as part of the categorization exercise that occurs under the Risk Management Framework (RMF). Note that categorization under the RMF is typically conducted using the information types described in NIST Special Publication (SP) 800-60, which are not as granular as the PII data elements listed in the PIA table. Determining the PII confidentiality impact level is most effective when done in collaboration with the Information Owner, Information System Owner, Information System Security Manager, and representatives from the security and privacy organizations, such as the Information System Security Officer (ISSO) and Senior Component Official for Privacy (SCOP) or designees.

c. How will the PII be secured?

(1) Physical Controls. *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Cipher Locks | <input type="checkbox"/> Closed Circuit TV (CCTV) |
| <input type="checkbox"/> Combination Locks | <input type="checkbox"/> Identification Badges |
| <input type="checkbox"/> Key Cards | <input type="checkbox"/> Safes |
| <input type="checkbox"/> Security Guards | <input type="checkbox"/> If Other, enter the information in the box below |

(2) Administrative Controls. *(Check all that apply)*

- Backups Secured Off-site
- Encryption of Backups
- Methods to Ensure Only Authorized Personnel Access to PII
- Periodic Security Audits
- Regular Monitoring of Users' Security Practices
- If Other, enter the information in the box below

(3) Technical Controls. *(Check all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Biometrics | <input type="checkbox"/> Command Access Card (CAC) | <input type="checkbox"/> DoD Public Key Infrastructure Certificates |
| <input type="checkbox"/> Encryption of Data at Rest | <input type="checkbox"/> Encryption of Data in Transit | <input type="checkbox"/> External Certificate Authority Certificates |
| <input type="checkbox"/> Firewall | <input type="checkbox"/> Intrusion Detection System (IDS) | <input type="checkbox"/> Least Privilege Access |
| <input type="checkbox"/> Role-Based Access Controls | <input type="checkbox"/> Used Only for Privileged (Elevated Roles) | <input type="checkbox"/> User Identification and Password |
| <input type="checkbox"/> Virtual Private Network (VPN) | <input type="checkbox"/> If Other, enter the information in the box below | |

d. What additional measures/safeguards have been put in place to address privacy risks for this information system or electronic collection?

SECTION 3: RELATED COMPLIANCE INFORMATION

a. Is this DoD Information System registered in the DoD IT Portfolio Repository (DITPR) or the DoD Secret Internet Protocol Router Network (SIPRNET) Information Technology (IT) Registry or Risk Management Framework (RMF) tool³?

- | | | |
|--|------------------------------------|----------------------|
| <input type="checkbox"/> Yes, DITPR | DITPR System Identification Number | <input type="text"/> |
| <input type="checkbox"/> Yes, SIPRNET | SIPRNET Identification Number | <input type="text"/> |
| <input type="checkbox"/> Yes, RMF tool | RMF tool Identification Number | <input type="text"/> |
| <input type="checkbox"/> No | | |

If "No," explain.

b. DoD information systems require assessment and authorization under the DoD Instruction 8510.01, "Risk Management Framework for DoD Information Technology".

Indicate the assessment and authorization status:

- | | | |
|--|---------------|----------------------|
| <input type="checkbox"/> Authorization to Operate (ATO) | Date Granted: | <input type="text"/> |
| <input type="checkbox"/> ATO with Conditions | Date Granted: | <input type="text"/> |
| <input type="checkbox"/> Denial of Authorization to Operate (DATO) | Date Granted: | <input type="text"/> |
| <input type="checkbox"/> Interim Authorization to Test (IATT) | Date Granted: | <input type="text"/> |

(1) If an assessment and authorization is pending, indicate the type and projected date of completion.

(2) If an assessment and authorization is not using RMF, indicate the projected transition date.

c. Does this DoD information system have an IT investment Unique Investment Identifier (UII), required by Office of Management and Budget (OMB) Circular A-11?

- Yes No

If "Yes," Enter UII If unsure, consult the component IT Budget Point of Contact to obtain the UII

³Guidance on Risk Management Framework (RMF) tools (i.g., eMASS, Xacta, and RSA Archer) are found on the Knowledge Service (KS) at <https://rmfks.osd.mil>.

SECTION 4: REVIEW AND APPROVAL SIGNATURES

Completion of the PIA requires coordination by the program manager or designee through the information system security manager and privacy representative at the local level. Mandatory coordinators are: Component CIO, Senior Component Official for Privacy, Component Senior Information Security Officer, and Component Records Officer.

a. Program Manager or Designee Name	Kimberly E. Hartz	(1) Title	System Manager	
	(2) Organization	DFAS-ZTEAC	(3) Work Telephone	317-212-2389
	(4) DSN	699-2389	(5) E-mail address	kimberly.e.hartz.civ@mail.mil
	(6) Date of Review	02/22/18	(7) Signature	
b. Other Official (to be used at Component discretion)		(1) Title		
	(2) Organization		(3) Work Telephone	
	(4) DSN		(5) E-mail address	
	(6) Date of Review		(7) Signature	
c. Other Official (to be used at Component discretion)		(1) Title		
	(2) Organization		(3) Work Telephone	
	(4) DSN		(5) E-mail address	
	(6) Date of Review		(7) Signature	
d. Component Privacy Officer (CPO)		(1) Title		
	(2) Organization		(3) Work Telephone	
	(4) DSN		(5) E-mail address	
	(6) Date of Review		(7) Signature	

e. Component Records Officer		(1) Title	
	(2) Organization	(3) Work Telephone	
	(4) DSN	(5) E-mail address	
	(6) Date of Review	(7) Signature	
f. Component Senior Information Security Officer or Designee Name		(1) Title	
	(2) Organization	(3) Work Telephone	
	(4) DSN	(5) E-mail address	
	(6) Date of Review:	(7) Signature	
g. Senior Component Official for Privacy (SCOP) or Designee Name		(1) Title	
	(2) Organization	(3) Work Telephone	
	(4) DSN	(5) E-mail address	
	(6) Date of Review	(7) Signature	
h. Component CIO Reviewing Official Name		(1) Title	
	(2) Organization	(3) Work Telephone	
	(4) DSN	(5) E-mail address	
	(6) Date of Review	(7) Signature	

Publishing: Only Section 1 of this PIA will be published. Each DoD Component will maintain a central repository of PIAs on the Component's public Web site. DoD Components will submit an electronic copy of each approved PIA to the DoD CIO at: osd.mc-alex.dod-cio.mbx.pia@mail.mil.

If the PIA document contains information that would reveal sensitive information or raise security concerns, the DoD Component may restrict the publication of the assessment to include Section 1.