**SIGNATORY AUTHORITY**

**We, the undersigned, approve the content of this System Security Plan for the VistA Adaptive Maintenance installed on VAEC West cloud including the system boundary, the FIPS 199 Impact Level of High, and the FIPS 200 security controls as tailored specifically for this system.**

**Name of Information System Owner:**

**Christopher Brown**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Signature of System Owner**

**Name of Information Security Officer:**

**Bobbi Begay**

**Printed or Typed Name of Information Security Officer**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Signature of Information Security Officer**

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