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DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

MEMORANDUM FOR Cyber Logistics COE

SUBJECT: (U) Quantum Knight Clear Version 2.x_ (QK Clear) Assess Only Approval

References: (a) DoDI 8500.01, "Cybersecurity," March 14, 2014, as amended
(b) DoDI 8510.01, "Risk Management Framework for DoD Systems" July 19, 2022
(c) DoDI 8530.01, "Cybersecurity Activities Support Procedures" May 31, 2023
(d) DoDI 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015

1. (U) The Program Office and the Defense Health Agency (DHA) Assess Only Team have conducted a formal evaluation of the QK Clear (eID 2925) Assess Only package utilizing all available and applicable DoD tools and checklists for the purposes of determining risk factors to obtain an Assess Only decision.

2. (U) QK Clear has been categorized as Moderate-High-Moderate with Privacy overlay applied. Based upon the analysis of the Assess Only package, the Security Control Assessor (SCA) has determined the risk to be "Moderate" for QK Clear.

3. (U) The DHA Principle Authorizing Official Designated Representative (AODR) grants QK Clear a 3-year Assess Only approval effective on date of signature. No further extensions will be granted. Operation of the device outside of the conditions or failure to meet the conditions defined below will invalidate this approval and will result in the Assess Only approval being rescinded. Reapproval will be required if there are significant changes affecting the security posture, architecture, or configuration of the device.

4. (U) This approval is an Authority to Operate (ATO). Before this device can be incorporated, the enclave or system's ATO shall be updated to include this device and track all applicable POA&M items identified.

5. (CUI) This Assess Only approval is granted with the following conditions:

ISSM/PM will (Standard Terms):

1. Ensure all assets are properly tagged in ACAS, ESS, and CMRS within 30 days of authorization date, if applicable.
2. Subscribe to the DISA IAVM notifications (<https://iavm.csd.disa.mil/gov-warning>) to track, report and respond to DHA CyOC (dha.jbcharleston.j-6.mbx.compliance-team@health.mil).

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3. Complete risk assessments for any change of the device. Update hardware/software lists and POAMs, as required. Report any significant/major change of the device to the SCA for evaluation.
4. Maintain and continue to update device information, artifacts, and risk information in eMASS.
5. Ensure that all required DHA monitoring tools are deployed, and the device is actively monitored by the DHA Cyber Security Service Provider (CSSP), if applicable.
6. Track all vulnerabilities in the POA&M tab of eMASS, identify mitigations with sufficient detail to assess the residual risk.
7. Notify all deployed locations of newly identified vulnerabilities or remediation actions of existing vulnerabilities.

6. (U) Once signed, any deviations from or exceptions to the conditions of this Assess Only approval must be submitted in writing to DHA RMED.

**ARRINGTON.WILLI
E.LEE.1030181677**
Willie L. Arrington

Digitally signed by
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Date: 2025.03.18 14:27:48 -05'00'

DHA Principal Authorizing Official Designated
Representative
Risk Management Executive Division
DHA | PEO Medical Systems / CIO (J-6)