



Privacy Impact Assessment (PIA) Tool

1 PART 1 – GENERAL

Name of Public Body:	
PIA Drafter:	
Email/Contact:	
Program Manager:	
Email/Contact:	

In the following questions, delete the descriptive text and replace it with your own.

1.1 Description of the Project

This section should provide a general description of the project and the context in which it functions, including answering the following:

- *Why are you doing this project/program? (i.e. project's purpose)*
- *What is the scope of the project/program?*
- *Who are you working with? (This includes other YG departments, private sector organizations, other governments and municipalities.)*
- *Will this project/program be linked with existing information systems or programs?*

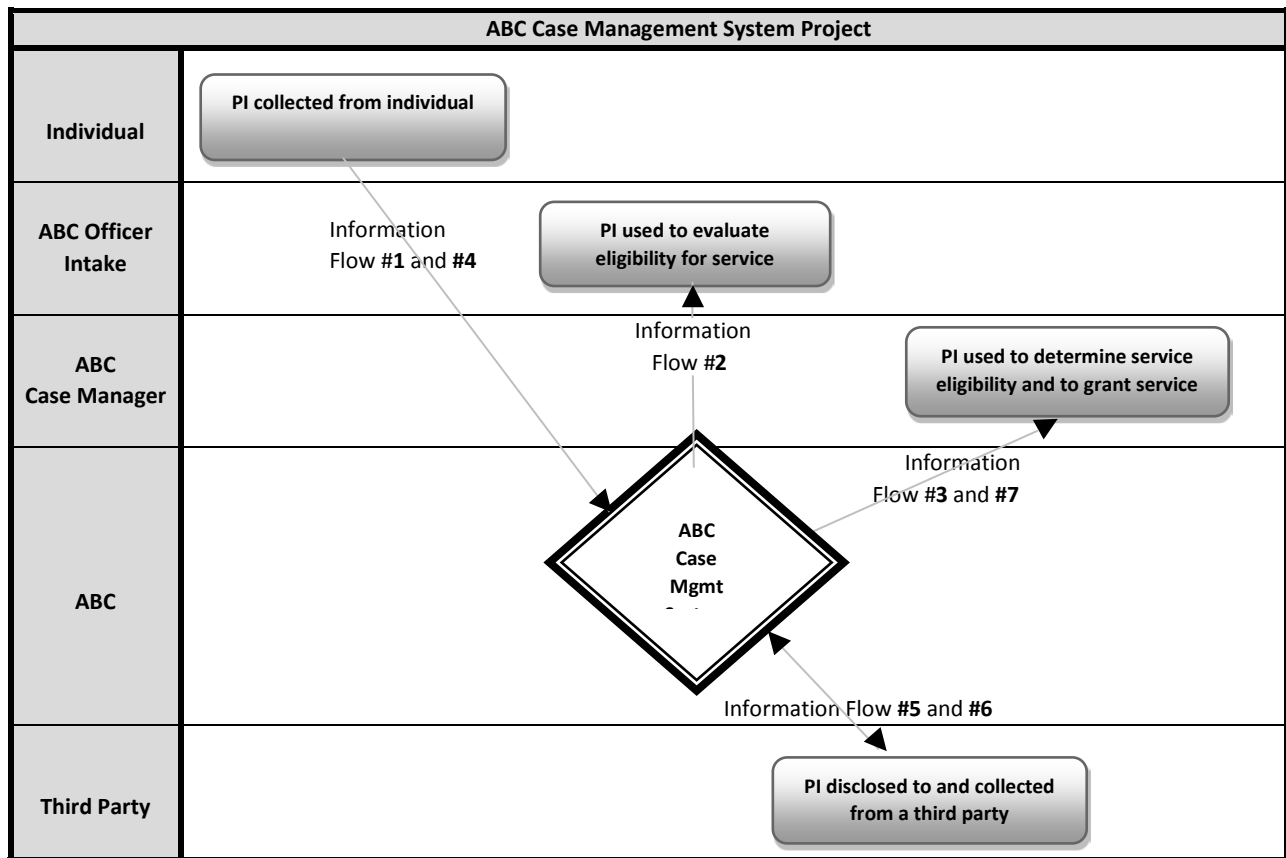
1.2 Types of Information or Data

List what personal information or data will be involved and why it is necessary for the project/program by completing appendix A (attached).

2 AUTHORITY TO COLLECT PERSONAL INFORMATION

2.1 Personal Information Flow Diagram

Please provide a flow diagram that shows how your initiative will collect, use, and/or disclose personal information (see example below).



2.2 Personal Information Flow Table

Please complete the table below to show how your project will collect, use, and/or disclose personal information. You must include the authorities for the collection, use, and disclosure of personal information, in accordance with the ATIPP Act.

If you do not know what the relevant authorities are, please contact the ATIPP office.

Examples can be removed and additional lines added as needed.

Note: Remember that you must limit the collection, use, and disclosure of personal information to the least amount required for each specific purpose. As part of determining what personal information is required, consider the sensitivity of the information and whether less sensitive information will suffice.

INFORMATION FLOW	DESCRIPTION (Who is it from, who is it going to, who will use it, etc.)	TYPE OF INFORMATION	PURPOSE	LEGAL AUTHORITY (cite specific sections of appropriate legislations)	CUSTODY OR CONTROL (Who is accountable for the information?)
1	PI is collected directly from the individual	Name, address, phone number, date of birth, type of service requested, qualifications for service (income level and sources, number of dependents)	PI is collected to identify the individual, to contact the individual about the service and to determine the type of service requested	<u>Collection</u> – ATIPP Act subsection 29 (c)	Department ABC
2	PI is used by the Intake Officer	Name, qualifications	PI is used for the purpose of verifying basic eligibility requirements for the service	<u>Use</u> – ATIPP Act paragraph 35 (1)(a)	Department ABC
3	PI is used by the Case Manager	Name, phone number, qualifications	PI is used to contact the individual and verify service eligibility	<u>Use</u> – ATIPP Act paragraph 35 (1)(a)	Department ABC
4	PI is collected directly from the individual	Evidence of qualifications (letters verifying income, type of evidence viewed to verify dependents)	PI is collected to verify service eligibility	<u>Collection</u> – ATIPP Act subsection 29 (c)	Department ABC
5	PI is disclosed to a third party (to another public body, for example)	Name, date of birth	PI is disclosed to verify income	<u>Disclosure</u> – ATIPP Act subsection 36 (b)	Department ABC and Third Party
6	PI is indirectly collected from third parties	Income qualifications verification	PI is collected to verify income	<u>Collection</u> – ATIPP Act subsection 29 (c) and sub-paragraph 30 (1)(a)(i)	Third Party and Department ABC
7	PI is used to confirm eligibility for service	Eligibility, type of service, levels of service	PI is used to inform the individual if eligible for service, what service and service level	<u>Use</u> – ATIPP Act subsection 35 (1)(a)	Department ABC

2.3 Collection Notice

If your project is collecting personal information from an individual, either directly or indirectly, you must ensure that the individual is informed of the following:

- *The purpose for which the information is being collected (include all purposes identified in the personal information flow table)*
- *The legal authority for collecting it, and*
- *The title, business address and business telephone number of an officer or employee who can answer questions about the collection.*

Please include your proposed or existing wording for a collection notice and where it will be located for individuals to read before collection takes place. You can also attach a screen shot or a copy of your form where the collection notice would be located.

2.4 Describe any risks associated with the collection, use and disclosure of personal information.

3 SECURITY OF INFORMATION

3.1 Describe any locations or devices where you will store and transmit personal information.

For example : shared drives, email, USB, mobile devices, cloud services, other digital repositories, fax machines, photocopiers, scanners, SD cards, memory sticks/cards, DropBox, GMAIL, Hotmail, etc...

3.2 Describe ways in which you will limit or restrict unauthorized changes (such as additions or deletions) to the personal information you collected.

For example: role-based access is built into the system; YG wide authentication into YNET, YESNET

3.3 Describe how you will track who accessed individuals' personal information.

For example: audit trails or physical sign-in and sign-out of files are implemented and an auditing mechanism is put into place.

3.4 Describe the physical security measures taken to protect the personal information.

For example: locked cabinets, securely stored laptops, key card access to the building is used, etc...

3.5 Describe the technical security measures taken to protect the personal information.

For example: use of YG firewall, document encryption, user access profiles assigned and removed on a need-to-know basis, etc...

3.6 Describe the administrative controls that have been put in place.

For example: what security policies will be used to ensure the personal information is protected; does your department rely on [GAM 2.3 Information Technology Security Framework](#); training or procedures in place so users are aware of access rules.

3.7 Describe measures that will be taken should a privacy breach occur.

For example: a privacy breach protocol is in place and will be followed.

3.8 Describe any risks associated with the security of information.

4 ACCURACY/CORRECTION/RETENTION OF PERSONAL INFORMATION

4.1 Describe how an individual's information will be updated or corrected. If information is not updated or corrected please explain how it will be annotated. If personal information will be disclosed to a third party, how will the public body notify them of the update, correction or annotation? (A public body must be able to respond to a request for a correction.)

For example: users have access to update their own information, notes will be made on a government case file.

4.2 Does your project use personal information to make decisions that directly affect(s) an individual(s)? If yes, please explain the efforts that will be made to ensure that the personal information is accurate and complete.

For example: A determination about whether an individual is entitled to income assistance, a decision on hiring an individual, or a determination about eligibility for subsidized housing.

4.3 Describe how access to the personal information will be facilitated.

For example: An individual requests information contained on a mobile device or from a video or audio recording; or an individual submits an ATIPP request for their personal information.

4.4 Describe what measures will be taken to ensure personal information will be retained for at least one year.

For example: you have an approved Records Retention and Disposition Schedule.

4.5 Describe any risks associated with the accuracy, correction and retention of personal information.

5 SHARING (DISCLOSURE) OF PERSONAL INFORMATION

5.1 Does the project involve routine disclosures of personal information? If yes, please explain and ensure all such disclosures have been identified in the personal information flow table (question 2.2).

For example: your department has a regular exchange of personal information (both collection and disclosure) with the federal government in order to provide services to your department's clients.

Note: If an Information Sharing Agreement (ISA) has been prepared as part of your project, please provide a copy. If you do not have an ISA, please contact the ATIPP office for assistance.

5.2 Does the project disclose personal information for research or statistical purposes? If yes, please explain and attach the research agreement.

For example: you will be disclosing information to PhD students so they can conduct research.

Note: Remember to review section 38 of the ATIPP Act to ensure all of its requirements have been met. If you need assistance, please contact the ATIPP office.

5.3 Describe any risks associated with the sharing (disclosure) of personal information.

6 OVERALL RISK AND MITIGATION

6.1 Risk Mitigation Table

Please complete the table below. Identify any privacy risks associated with the collection, use or disclosure of the personal information involved in this project and the mitigation strategies that will be implemented.

<i>Risk Mitigation Table</i>				
Risk	Description	Mitigation Strategy	Completion Date	Responsible Area
1.	<i>Input all of the risks identified in question 2.4</i>			
	<i>Insert relevant comments here</i>			
2.	<i>Input all of the risks identified in question 3.8</i>			
	<i>Insert relevant comments here</i>			
3.	<i>Input all of the risks identified in question 4.5</i>			
	<i>Insert relevant comments here</i>			
4.	<i>Input all of the risks identified in question 5.3</i>			
	<i>Insert relevant comments here</i>			
5.	<i>Insert any other identified risks</i>			
	<i>Insert relevant comments here</i>			

6.2 Describe how the benefits of the project are greater than the identified risks to privacy.

7 COMMENTS FROM REVIEWER:

8 SIGNATORIES AND APPROVAL

Project Sponsors

Name, Position

Date

Name, Position

Date

Project Lead

Name, Position

Date

Privacy Lead /
ATIPP Coordinator

Name, Position

Date

ATIPP Office
Reviewer

Name, Position

Date

To complete the process, a final copy of this PIA (with all applicable signatures and attachments) must be provided to ATIPP office for its records.

CC: Yukon Information and Privacy Commissioner (IPC)

APPENDIX A: PERSONAL INFORMATION (PI) LISTING

This is not an exhaustive list of personal information. Please indicate in the second column why you must collect the identified type of personal information. Space has been left for you to include other information that you think may fall within the definition of personal information as per the *ATIPP Act*, “i.e. identifiable information about an individual”

This list does not address non-identifiable information which, if combined with other information, may identify an individual.

***Note: Remember to consider whether the collection of personal information is absolutely necessary, rather than what personal information is needed.
As part of determining what personal information is required, consider whether the personal information is needed at all, the sensitivity of the information and whether less sensitive information will suffice.***

General PI	Why <u>must</u> this information be collected? (i.e. for what purpose)
name	
address	
phone number	
email address	
date of birth	
age	
gender	
criminal record, status or history	
anyone else's opinions about the individual	
the individual's views or opinions	
religious beliefs or associations	
country of origin	

ethnic or racial origin	
political beliefs or associations	
marital status	
family information or status	
visually recorded information (e.g. photo or video of an individual)	
educational information (status or history)	
employment information (status or history)	
fingerprint	
other	
Unique Identifiers	
Social Insurance Number (SIN)	
Driver's Licence Number	
YHCIP# (or other health care number)	
other	
Personal Financial Information	
credit card number	
bank account number	
income tax information	
financial status or history	
other	
Personal Health Information	
health care status or history	
test results, medical images	
medications	
diagnosis	
disability	
other	