

U.S. Department of Commerce
[Bureau Name]



Privacy Impact Assessment
for the
[IT System Name]

Reviewed by: _____, Bureau Chief Privacy Officer

- Concurrence of Senior Agency Official for Privacy/DOC Chief Privacy Officer
- Non-concurrence of Senior Agency Official for Privacy/DOC Chief Privacy Officer

Signature of Senior Agency Official for Privacy/DOC Chief Privacy Officer

Date

U.S. Department of Commerce Privacy Impact Assessment
[Name of Bureau/Name of IT System]

Unique Project Identifier: [Number]

Introduction: System Description

Provide a brief description of the information system.

Address the following elements:

- (a) Whether it is a general support system, major application, or other type of system*
- (b) System location*
- (c) Whether it is a standalone system or interconnects with other systems (identifying and describing any other systems to which it interconnects)*
- (d) The way the system operates to achieve the purpose(s) identified in Section 4*
- (e) How information in the system is retrieved by the user*
- (f) How information is transmitted to and from the system*
- (g) Any information sharing*
- (h) The specific programmatic authorities (statutes or Executive Orders) for collecting, maintaining, using, and disseminating the information*
- (i) The Federal Information Processing Standards (FIPS) 199 security impact category for the system*

Section 1: Status of the Information System

1.1 Indicate whether the information system is a new or existing system.

_____ This is a new information system.

_____ This is an existing information system with changes that create new privacy risks.
(Check all that apply.)

Changes That Create New Privacy Risks (CTCNPR)					
a. Conversions		d. Significant Merging		g. New Interagency Uses	
b. Anonymous to Non-Anonymous		e. New Public Access		h. Internal Flow or Collection	
c. Significant System Management Changes		f. Commercial Sources		i. Alteration in Character of Data	
j. Other changes that create new privacy risks (specify):					

_____ This is an existing information system in which changes do not create new privacy risks, and there is not a SAOP approved Privacy Impact Assessment.

_____ This is an existing information system in which changes do not create new privacy risks, and there is a SAOP approved Privacy Impact Assessment.

Section 2: Information in the System

2.1 Indicate what personally identifiable information (PII)/business identifiable information (BII) is collected, maintained, or disseminated. *(Check all that apply.)*

Identifying Numbers (IN)					
a. Social Security*		f. Driver’s License		j. Financial Account	
b. Taxpayer ID		g. Passport		k. Financial Transaction	
c. Employer ID		h. Alien Registration		l. Vehicle Identifier	
d. Employee ID		i. Credit Card		m. Medical Record	
e. File/Case ID					
n. Other identifying numbers (specify):					
*Explanation for the business need to collect, maintain, or disseminate the Social Security number, including truncated form:					

General Personal Data (GPD)					
a. Name		h. Date of Birth		o. Financial Information	
b. Maiden Name		i. Place of Birth		p. Medical Information	
c. Alias		j. Home Address		q. Military Service	
d. Gender		k. Telephone Number		r. Criminal Record	
e. Age		l. Email Address		s. Marital Status	
f. Race/Ethnicity		m. Education		t. Mother’s Maiden Name	
g. Citizenship		n. Religion			
u. Other general personal data (specify):					

Work-Related Data (WRD)					
a. Occupation		e. Work Email Address		i. Business Associates	

b. Job Title		f. Salary		j. Proprietary or Business Information	
c. Work Address		g. Work History		k. Procurement/contracting records	
d. Work Telephone Number		h. Employment Performance Ratings or other Performance Information			
l. Other work-related data (specify):					

Distinguishing Features/Biometrics (DFB)					
a. Fingerprints		f. Scars, Marks, Tattoos		k. Signatures	
b. Palm Prints		g. Hair Color		l. Vascular Scans	
c. Voice/Audio Recording		h. Eye Color		m. DNA Sample or Profile	
d. Video Recording		i. Height		n. Retina/Iris Scans	
e. Photographs		j. Weight		o. Dental Profile	
p. Other distinguishing features/biometrics (specify):					

System Administration/Audit Data (SAAD)					
a. User ID		c. Date/Time of Access		e. ID Files Accessed	
b. IP Address		f. Queries Run		f. Contents of Files	
g. Other system administration/audit data (specify):					

Other Information (specify)					

2.2 Indicate sources of the PII/BII in the system. (Check all that apply.)

Directly from Individual about Whom the Information Pertains					
In Person		Hard Copy: Mail/Fax		Online	
Telephone		Email			
Other (specify):					

Government Sources					
Within the Bureau		Other DOC Bureaus		Other Federal Agencies	
State, Local, Tribal		Foreign			
Other (specify):					

Non-government Sources					
Public Organizations		Private Sector		Commercial Data Brokers	
Third Party Website or Application					
Other (specify):					

2.3 Describe how the accuracy of the information in the system is ensured.

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2.4 Is the information covered by the Paperwork Reduction Act?

	Yes, the information is covered by the Paperwork Reduction Act. Provide the OMB control number and the agency number for the collection.
	No, the information is not covered by the Paperwork Reduction Act.

2.5 Indicate the technologies used that contain PII/BII in ways that have not been previously deployed. *(Check all that apply.)*

Technologies Used Containing PII/BII Not Previously Deployed (TUCBPNPD)			
Smart Cards		Biometrics	
Caller-ID		Personal Identity Verification (PIV) Cards	
Other (specify):			

	There are not any technologies used that contain PII/BII in ways that have not been previously deployed.
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Section 3: System Supported Activities

3.1 Indicate IT system supported activities which raise privacy risks/concerns. *(Check all that apply.)*

Activities			
Audio recordings		Building entry readers	
Video surveillance		Electronic purchase transactions	
Other (specify):			

	There are not any IT system supported activities which raise privacy risks/concerns.
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Section 4: Purpose of the System

4.1 Indicate why the PII/BII in the IT system is being collected, maintained, or disseminated. (Check all that apply.)

Purpose			
For a Computer Matching Program		For administering human resources programs	
For administrative matters		To promote information sharing initiatives	
For litigation		For criminal law enforcement activities	
For civil enforcement activities		For intelligence activities	
To improve Federal services online		For employee or customer satisfaction	
For web measurement and customization technologies (single-session)		For web measurement and customization technologies (multi-session)	
Other (specify):			

Section 5: Use of the Information

5.1 In the context of functional areas (business processes, missions, operations, etc.) supported by the IT system, describe how the PII/BII that is collected, maintained, or disseminated will be used. Indicate if the PII/BII identified in Section 2.1 of this document is in reference to a federal employee/contractor, member of the public, foreign national, visitor or other (specify).

5.2 Describe any potential threats to privacy, such as insider threat, as a result of the bureau’s/operating unit’s use of the information, and controls that the bureau/operating unit has put into place to ensure that the information is handled, retained, and disposed appropriately. (For example: mandatory training for system users regarding appropriate

handling of information, automatic purging of information in accordance with the retention schedule, etc.)

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Section 6: Information Sharing and Access

6.1 Indicate with whom the bureau intends to share the PII/BII in the IT system and how the PII/BII will be shared. *(Check all that apply.)*

Recipient	How Information will be Shared		
	Case-by-Case	Bulk Transfer	Direct Access
Within the bureau			
DOC bureaus			
Federal agencies			
State, local, tribal gov't agencies			
Public			
Private sector			
Foreign governments			
Foreign entities			
Other (specify):			

	The PII/BII in the system will not be shared.
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6.2 Does the DOC bureau/operating unit place a limitation on re-dissemination of PII/BII shared with external agencies/entities?

	Yes, the external agency/entity is required to verify with the DOC bureau/operating unit before re-dissemination of PII/BII.
	No, the external agency/entity is not required to verify with the DOC bureau/operating unit before re-dissemination of PII/BII.
	No, the bureau/operating unit does not share PII/BII with external agencies/entities.

6.3 Indicate whether the IT system connects with or receives information from any other IT systems authorized to process PII and/or BII.

	Yes, this IT system connects with or receives information from another IT system(s) authorized to process PII and/or BII. Provide the name of the IT system and describe the technical controls which prevent PII/BII leakage:
	No, this IT system does not connect with or receive information from another IT system(s) authorized to process PII and/or BII.

6.4 Identify the class of users who will have access to the IT system and the PII/BII. *(Check all that apply.)*

Class of Users			
General Public	<input type="checkbox"/>	Government Employees	<input type="checkbox"/>
Contractors	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Other (specify):			

Section 7: Notice and Consent

7.1 Indicate whether individuals will be notified if their PII/BII is collected, maintained, or disseminated by the system. *(Check all that apply.)*

	Yes, notice is provided pursuant to a system of records notice published in the Federal Register and discussed in Section 9.	
	Yes, notice is provided by a Privacy Act statement and/or privacy policy. The Privacy Act statement and/or privacy policy can be found at: _____.	
	Yes, notice is provided by other means.	Specify how:
	No, notice is not provided.	Specify why not:

7.2 Indicate whether and how individuals have an opportunity to decline to provide PII/BII.

Yes, individuals have an opportunity to decline to provide PII/BII.	Specify how:
No, individuals do not have an opportunity to decline to provide PII/BII.	Specify why not:

7.3 Indicate whether and how individuals have an opportunity to consent to particular uses of their PII/BII.

Yes, individuals have an opportunity to consent to particular uses of their PII/BII.	Specify how:
No, individuals do not have an opportunity to consent to particular uses of their PII/BII.	Specify why not:

7.4 Indicate whether and how individuals have an opportunity to review/update PII/BII pertaining to them.

Yes, individuals have an opportunity to review/update PII/BII pertaining to them.	Specify how:
No, individuals do not have an opportunity to review/update PII/BII pertaining to them.	Specify why not:

Section 8: Administrative and Technological Controls

8.1 Indicate the administrative and technological controls for the system. *(Check all that apply.)*

<input type="checkbox"/>	All users signed a confidentiality agreement or non-disclosure agreement.
<input type="checkbox"/>	All users are subject to a Code of Conduct that includes the requirement for confidentiality.
<input type="checkbox"/>	Staff (employees and contractors) received training on privacy and confidentiality policies and practices.
<input type="checkbox"/>	Access to the PII/BII is restricted to authorized personnel only.
<input type="checkbox"/>	Access to the PII/BII is being monitored, tracked, or recorded. Explanation:
<input type="checkbox"/>	The information is secured in accordance with the Federal Information Security Modernization Act (FISMA) requirements. Provide date of most recent Assessment and Authorization (A&A): _____ <input type="checkbox"/> This is a new system. The A&A date will be provided when the A&A package is approved.
<input type="checkbox"/>	The Federal Information Processing Standard (FIPS) 199 security impact category for this system is a moderate or higher.
<input type="checkbox"/>	NIST Special Publication (SP) 800-122 and NIST SP 800-53 Revision 4 Appendix J recommended

	security controls for protecting PII/BII are in place and functioning as intended; or have an approved Plan of Action and Milestones (POA&M).
	A security assessment report has been reviewed for the information system and it has been determined that there are no additional privacy risks.
	Contractors that have access to the system are subject to information security provisions in their contracts required by DOC policy.
	Contracts with customers establish DOC ownership rights over data including PII/BII.
	Acceptance of liability for exposure of PII/BII is clearly defined in agreements with customers.
	Other (specify):

8.2 Provide a general description of the technologies used to protect PII/BII on the IT system. *(Include data encryption in transit and/or at rest, if applicable).*

Section 9: Privacy Act

9.1 Is the PII/BII searchable by a personal identifier (e.g, name or Social Security number)?

_____ Yes, the PII/BII is searchable by a personal identifier.

_____ No, the PII/BII is not searchable by a personal identifier.

9.2 Indicate whether a system of records is being created under the Privacy Act, 5 U.S.C. § 552a. *(A new system of records notice (SORN) is required if the system is not covered by an existing SORN).*

As per the Privacy Act of 1974, “the term ‘system of records’ means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.”

	Yes, this system is covered by an existing system of records notice (SORN). Provide the SORN name, number, and link. <i>(list all that apply):</i>
	Yes, a SORN has been submitted to the Department for approval on <u>(date)</u> .
	No, this system is not a system of records and a SORN is not applicable.

Section 10: Retention of Information

10.1 Indicate whether these records are covered by an approved records control schedule and monitored for compliance. *(Check all that apply.)*

<input type="checkbox"/>	There is an approved record control schedule. Provide the name of the record control schedule:
<input type="checkbox"/>	No, there is not an approved record control schedule. Provide the stage in which the project is in developing and submitting a records control schedule:
<input type="checkbox"/>	Yes, retention is monitored for compliance to the schedule.
<input type="checkbox"/>	No, retention is not monitored for compliance to the schedule. Provide explanation:

10.2 Indicate the disposal method of the PII/BII. *(Check all that apply.)*

Disposal			
<input type="checkbox"/>	Shredding	<input type="checkbox"/>	Overwriting
<input type="checkbox"/>	Degaussing	<input type="checkbox"/>	Deleting
Other (specify):			

Section 11: NIST Special Publication 800-122 PII Confidentiality Impact Level

11.1 Indicate the potential impact that could result to the subject individuals and/or the organization if PII were inappropriately accessed, used, or disclosed. *(The PII Confidentiality Impact Level is not the same, and does not have to be the same, as the Federal Information Processing Standards (FIPS) 199 security impact category.)*

<input type="checkbox"/>	Low – the loss of confidentiality, integrity, or availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.
<input type="checkbox"/>	Moderate – the loss of confidentiality, integrity, or availability could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals.
<input type="checkbox"/>	High – the loss of confidentiality, integrity, or availability could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals.

11.2 Indicate which factors were used to determine the above PII confidentiality impact level. *(Check all that apply.)*

<input type="checkbox"/>	Identifiability	Provide explanation:
<input type="checkbox"/>	Quantity of PII	Provide explanation:

	Data Field Sensitivity	Provide explanation:
	Context of Use	Provide explanation:
	Obligation to Protect Confidentiality	Provide explanation:
	Access to and Location of PII	Provide explanation:
	Other:	Provide explanation:

Section 12: Analysis

12.1 Identify and evaluate any potential threats to privacy that exist in light of the information collected or the sources from which the information is collected. Also, describe the choices that the bureau/operating unit made with regard to the type or quantity of information collected and the sources providing the information in order to prevent or mitigate threats to privacy. (For example: If a decision was made to collect less data, include a discussion of this decision; if it is necessary to obtain information from sources other than the individual, explain why.)

12.2 Indicate whether the conduct of this PIA results in any required business process changes.

	Yes, the conduct of this PIA results in required business process changes. Explanation:
	No, the conduct of this PIA does not result in any required business process changes.

12.3 Indicate whether the conduct of this PIA results in any required technology changes.

	Yes, the conduct of this PIA results in required technology changes. Explanation:
	No, the conduct of this PIA does not result in any required technology changes.

Points of Contact and Signatures

<p>Information System Security Officer or System Owner</p> <p>Name: _____ Office: _____ Phone: _____ Email: _____</p> <p>I certify that this PIA is an accurate representation of the security controls in place to protect PII/BII processed on this IT system.</p> <p>Signature: _____</p> <p>Date signed: _____</p>	<p>Information Technology Security Officer</p> <p>Name: _____ Office: _____ Phone: _____ Email: _____</p> <p>I certify that this PIA is an accurate representation of the security controls in place to protect PII/BII processed on this IT system.</p> <p>Signature: _____</p> <p>Date signed: _____</p>
<p>Privacy Act Officer</p> <p>Name: _____ Office: _____ Phone: _____ Email: _____</p> <p>I certify that the appropriate authorities and SORNs (if applicable) are cited in this PIA.</p> <p>Signature: _____</p> <p>Date signed: _____</p>	<p>Authorizing Official</p> <p>Name: _____ Office: _____ Phone: _____ Email: _____</p> <p>I certify that this PIA is an accurate representation of the security controls in place to protect PII/BII processed on this IT system.</p> <p>Signature: _____</p> <p>Date signed: _____</p>
<p>Bureau Chief Privacy Officer</p> <p>Name: _____ Office: _____ Phone: _____ Email: _____</p> <p>I certify that the PII/BII processed in this IT system is necessary and this PIA ensures compliance with DOC policy to protect privacy.</p> <p>Signature: _____</p> <p>Date signed: _____</p>	

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