

## PRIVACY IMPACT ASSESSMENT (SHORT FORM)

### INTRODUCTION

The purpose of this Short Form is to offer a summary version of the full PIA document. It includes the same questions as the full PIA but without the explanatory notes, annotations and guidelines.

<b>A. ORGANIZATIONAL PRIVACY MANAGEMENT</b>				
<b>1. POLICIES AND CONTROLS</b>	YES	YES & NO	NO	N/A
a. Is there an organizational strategic plan or business plan that clearly addresses privacy protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does a written privacy charter or policy exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have privacy guidelines been developed for various aspects of the organization's operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the organization subject to statutory requirements addressing privacy and confidentiality, other than those provided by the <i>Freedom of Information and Protection of Privacy Act</i> , the <i>Local Authority Freedom of Information and Protection of Privacy Act</i> and the <i>Health Information Protection Act</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are organizational policies or procedures in place to ensure that:				
i. There is an appropriate business purpose for all personal information/personal health information collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. There is statutory authority for the collection, use and disclosure of all personal information/personal health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Individual consent is obtained whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Individuals are duly informed of the purpose and authority for collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Individuals are informed of the anticipated uses and disclosures of the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>A. ORGANIZATIONAL PRIVACY MANAGEMENT</b>				
<b>1. POLICIES AND CONTROLS (Continued)</b>	YES	YES & NO	NO	N/A
e. Are organizational policies or procedures in place to ensure that (continued):				
vi. Information about privacy/confidentiality policy and procedures is readily available to individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Personal information/personal health information correction and annotation are available when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Physical records are appropriately stored and managed to maintain privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are privacy controls in place in the organization?				
i. Need-to-know policies and procedures for collection, use, disclosure, access and correction of personal information/personal health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Physical security and access controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. IT security and access controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Waste management controls for personal information/personal health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Records management & disposition schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If personal information/personal health information is in an electronic format and is used for the delivery of services, have technological tools and system design techniques been considered which may enhance both privacy and security (e.g. encryption, technologies of anonymity or pseudo-anonymity, or digital signatures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>A. ORGANIZATIONAL PRIVACY MANAGEMENT</b>				
<b>2. PRIVACY STRUCTURE AND ORGANIZATION</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Have the responsibilities of the Chief Executive Officer and Board of Directors (where applicable) for privacy compliance been identified and defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there an appointed privacy officer or champion within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does a management reporting process exist to ensure that management is informed of any privacy compliance issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is senior management actively involved in the development, implementation and/or promotion of privacy measures within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do employees with access to personal information/personal health information receive training related to privacy protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>1. GENERAL</b>	YES	YES & NO	NO	N/A
a. Has a summary of the proposed project/program been prepared, including a description of the needs to be addressed by the development of this project/program, and how the proposed project/program will meet those needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If your organization is private sector and subject to the <i>Personal Information Protection and Electronic Documents Act</i> , will the 'reasonableness test' in section 5(3) be satisfied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has a listing of all personal information/personal health information or data elements to be collected, used or disclosed in the project/program been prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have diagrams been prepared depicting the flow of personal information for this project/program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have documents been prepared showing which persons, positions or employee categories will have access to which personal information/personal health information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. AUTHORITY FOR COLLECTION</b>	YES	YES & NO	NO	N/A
a. Is there a detailed description of the type of personal information/personal health information collected for this project/program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have the purposes for which the personal information/personal health information is collected been documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the personal information/personal health information collected only directly from the individual or an authorized representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>2. AUTHORITY FOR COLLECTION (Continued)</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
d. If the personal information/personal health information is collected indirectly (i.e. from a third party), is the indirect collection authorized under section 26 of FOIP or section 25 LA FOIP or section 25 of HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are individuals notified of the purpose and the authority for the collection and how to contact an officer or employee who can answer questions about the collection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. AUTHORITY FOR USE</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Is the personal information/personal health information used only for the purpose for which it was obtained or for a use consistent with that purpose under FOIP or LA FOIP or for a purpose outlined in section 26 of HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the personal information/personal health information used for a purpose for which a proper consent has been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does individual consent provide the primary basis for the collection, use and disclosure of personal information/personal health information for this project/program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have arrangements been made to provide full disclosure of all purposes for which personal information/personal health information is collected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is personal information/personal health information used exclusively for the identified purposes or for uses that an individual would reasonably consider consistent with those purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a list of the staff position or categories that use this personal information/personal health information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are there physical, administrative and technical controls that limit access to identifiable personal information/personal health information to those who have a need to know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>3. AUTHORITY FOR USE (Continued)</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
h. Is the least amount of personal information/personal health information collected and used to meet the stated purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is the personal information/personal health information used with the highest degree of anonymity to meet the stated purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. AUTHORITY FOR DISCLOSURE</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Is individual consent obtained before disclosing personal information/personal health information to another government institution, local authority or other third party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If consent is not obtained, is the disclosure authorized by section 29 of FOIP or section 28 of LA FOIP or sections 27 or 28 HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If disclosure is required and authorized, is the amount and type of information disclosed limited on a 'need-to-know' basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is disclosure made at the highest degree of anonymity possible while still achieving the purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does staff maintain a disclosure log or audit trail of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. What information has been disclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. The recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Purpose and authority for the disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. DISCLOSURE FOR RESEARCH PURPOSE</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Is there a written records/data policy that meets all relevant legislative requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the personal information/personal health information used to make a decision that directly affects an individual retained for a reasonable time to allow the individual access to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>5. DISCLOSURE FOR RESEARCH PURPOSE (Continued)</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
c. Have you determined which archives have been “designated” under s. 29 of HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the health research project “not contrary to the public interest” per s. 29(a) of HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Has the health research project been approved by a “research ethics committee” per s. 29(b)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Has the research ethics committee been approved by the Minister of Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is there an agreement with the researcher that meets the requirements of s. 29(c) of HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is it reasonably practicable to obtain consent to use or disclose for health research purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If it is not reasonably practicable, have those reasons been documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Are there procedures in place to verify personal information/personal health information and to manage requests for corrections that comply with sections 32 FOIP, section 31 LA FOIP or section 13 HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. PRIVACY CONTROLS AND SECURITY</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Have security procedures for the collection, transmission, storage, and disposal of personal information/personal health information, and access to it, been documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the authority to modify or correct personal information/personal health information clearly established to ensure that those without this authority may not or are unable to alter these records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there an audit trail maintained to document when and by whom a file or record was compiled or updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there written information security policies including a definition of roles and responsibilities and sanctions for breaches of policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>6. PRIVACY CONTROLS AND SECURITY (Continued)</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
e. Are there security measures in place for personal information/personal health information regardless of media format?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do staff receive ongoing training about security policies and procedures, and are they made aware of the importance of security and confidentiality on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are security breaches and violations documented and responded to according to established policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is access to personal information/personal health information regularly monitored and audited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is the personal information/personal health information stored or maintained in a physically secure location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Are personal information/personal health information in all media disposed of securely to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is physical removal of personal information/personal health information of any medium from secure designated area always undertaken in manner and in accordance with procedures that continue to ensure the security of the information at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. ELECTRONIC SYSTEMS SECURITY</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Are users assigned unique user identifications and passwords for access to personal information/personal health information and are passwords changed regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are network and application security status assigned on a 'need-to-know' basis according to the particular requirements of specific roles within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are access privileges revoked promptly when required (e.g. when an employee leaves or moves)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>7. ELECTRONIC SYSTEMS SECURITY (Continued)</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
d. Do systems contain audit trails for tracking data access, and audit logs to provide information about abnormal or unusual access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are access logs and audit trails reviewed on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is personal information/personal health information transmitted by secure means to minimize opportunities for unauthorized or accidental interception by third parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is virus protection implemented and is an effective firewall in place where necessary, for all information systems that contain personal information/personal health information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are external providers of information management or technology services covered by written agreements dealing with risks including unauthorized access, use, disclosure, retention, and destruction or alteration as required under section 18 HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. ACCESS TO PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Is there a process to respond to access requests under the Act(s) in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are individuals informed that the organization holds personal information/personal health information about them and that access to that data is provided, except in limited circumstances as defined in legislation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are requests for access responded to within the legal time limits at minimal or no cost, or in compliance with the legislation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>8. ACCESS TO PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
d. Is requested information provided in an understandable format and is the organization prepared to explain any terms or abbreviations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does a refusal to grant access to all or part of an individual's information include clear reasons for refusal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. CHALLENGING COMPLIANCE</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Are there communication policies and procedures in place that ensure individuals are routinely informed that they may make a complaint to the organization and are informed about their statutory right to make a complaint to the OIPC respecting their personal information/personal health information rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. ACCOUNTABILITY</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Is it understood in the organization that the Head is accountable for compliance with access and privacy legislation, and that any delegation of powers and duties should be formally recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is an employee within the organization formally designated responsibility for the daily administration of privacy compliance? Is the identity of the individual known throughout the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are there written organizational policies and procedures that define the responsibility for protecting personal information/personal health information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are appropriate staff provided with on-going training to implement privacy policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are information managers and agents and others, who may have authorized access to personal information aware of and do they comply with organizational privacy policies and relevant procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>10. ACCOUNTABILITY</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
f. Can individuals within the organization obtain information about privacy policies and procedures with reasonable ease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Can individuals outside the organization obtain information about privacy policies and procedures with reasonable ease?				
h. Does a clear procedure exist for responding to questions or concerns about privacy policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. ASSESSING PRIVACY RISKS IN ELECTRONIC SERVICE DELIVERY (ESD)</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Are diagrams available to illustrate the flow of personal information/personal health information for this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has responsibility for control and custody for all personal information/personal health information processed by the ESD system been identified and assigned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If the ESD system will process transactions for more than one program, agency or department, have constraints been placed on data integration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If this ESD project involves the use of common identifiers or a common identification infrastructure, have privacy-enhancing measures been implemented to limit the risk to privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Will this ESD initiative require data linking (data profiling) or data matching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a means of obtaining, authenticating, registering and maintaining individual consent electronically, where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Have privacy-enhancing technologies and/or techniques been considered for this ESD project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. PROJECT/PROGRAM PRIVACY MANAGEMENT</b>				
<b>11. ASSESSING PRIVACY RISKS IN ELECTRONIC SERVICE DELIVERY (ESD)</b>	YES	YES & NO	NO	N/A
h. Have all risks to privacy for this ESD project been minimized or averted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has a comprehensive risk analysis been undertaken to identify and implement appropriate ongoing monitoring and regular auditing requirements to protect personal information/personal health information including that of end-users, for all aspects of the ESD system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Have key stakeholders been consulted about the privacy implications of this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Where risks to privacy are not completely mitigated, is there a strategy for responding to public concerns over privacy protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Have constraints been placed on ESD service providers regarding the collection, use and disclosure of information subject to FOIP, LA FOIP and HIPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Do all contracts related to the implementation of this ESD project contain data protection provisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. PRIVACY RISK ASSESSMENT</b>	YES	YES & NO	NO	N/A
a. Will personal information/personal health information collected or used in this project/program be disclosed to any persons who are not employees of the responsible organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Will this project involve the collection, use or disclosure of any personal information/personal health information outside the province of Saskatchewan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have this project's/program's potential risks to privacy been assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If potential risks to privacy have been identified, have means to avert or mitigate those risks been incorporated into the project/program design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>12. PRIVACY RISK ASSESSMENT (Continued)</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
e. Have key stakeholders been provided with an opportunity to comment on the privacy protection implications of the proposed project/program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are project/program staff trained in the requirements for protecting personal information/personal health information and aware of the relevant policies regarding breaches of security or confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are personal identifiers used to link or cross-reference multiple databases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. AUDIT AND ENFORCEMENT</b>	<b>YES</b>	<b>YES &amp; NO</b>	<b>NO</b>	<b>N/A</b>
a. Have arrangements been made for audit, compliance and enforcement mechanisms for the proposed project, including fulfillment of the commitments made in the PIA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>