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AI-generated content may be incorrect.Self-Assessment

Privacy Impact Assessment

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**Purpose:**

The purpose of this Privacy Self-Assessment is to identify potential information privacy and security risks for University initiatives that may use, access, or store personal information.

**Instructions:**

Before collecting personal information, the *Freedom of Information and Protection of Privacy Act* (FIPPA) requires a written assessment of specific privacy considerations and the steps to be taken to prevent, reduce, or mitigate privacy risks. Please complete the Privacy Self-Assessment below and send it to privacy@uoguelph.ca.

Proponents of initiatives with a medium or high-risk classification will be required to work with the Information Governance & Privacy Office to address practices to safeguard the collection, use, access or storage of personal information. Complex projects may require an external privacy impact assessment, and any cost associated with an external assessment will need to form part of the project budget.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 - Contact Information** | | | | | | | |
| **Name:** | | | **Position Title:** | | | | |
| **Email:** | | | **Department/Faculty Name:** | | | **Telephone:** | |
| **Section 2 - Initiative Information** | | | | | | | |
| **Initiative Name:** | | | **Start Date:**  YYYY-MM-DD  Unknown | | | **End Date:**  YYYY-MM-DD Unknown | |
| **Are you the Initiative Sponsor?**   |  |  | | --- | --- | | Yes | No | | | | **Sponsor Name (if applicable):** | | | **Sponsor Email (if applicable):** | |
| **What is the scope of the initiative? *(Check one)***   |  |  | | --- | --- | | Institutional | Faculty | | Departmental | Course | | Group | Individual | | | | **Is the initative subject to the Research Ethics Board for Human Participants approval process?**   |  |  | | --- | --- | | Yes | No | | | | **Is the initative subject to the Information Security and Risk Assessment approval process?**   |  |  | | --- | --- | | Yes | No | | |
| **Section 3 – Collection of Personal Information** | | | | | | | |
| **Identify the personal information to be collected, stored, retained, shared, disclosed, processed or transmitted.** *(Add or remove rows from the table as required)*  *Personal information is recorded information about an identifiable individual, including but not limited to, information relating to race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital status, information relating to the education, medical or employment history of an individual, any identifying number such as student or employee ID, address or telephone numbers, personal opinions or views of individuals, correspondence sent by an individual that is implicitly or explicitly private or confidential in nature, and an individuals name where it appears with other personal information.* | | | | | | | |
|  | **Type of Personal Information** | | **Use or Disclosure of Information** | | | | |
| 1. **1** |  | |  | | | | |
|  |  | |  | | | | |
|  |  | |  | | | | |
| **Describe the purpose of collecting the personal information and why it is necessary to collect:** | | | | | | | |
| **What is the legal authority under which the personal information will be collected, used, and disclosed:** *(Check one)*   |  | | --- | | *University of Guelph Act, 1964* [Select this option for university activities not authorized specifically under other legislation] | | Necessary to the proper administration of a lawfully authorized activity | | Other Legislation (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | |
| **Who will the personal information be collected from?** *(Check all that apply)*   |  |  |  |  | | --- | --- | --- | --- | | Undergraduate Students | School of Continuing Studies | Staff | Alumni | | Graduate Students | Faculty/Instructors | Retirees | General Public | | Other: |  |  |  | | | | | | | | |
| **Who will be collecting the personal information?** *(Check all that apply)*   |  | | --- | | The University | | A third party *(If checked, please fill out Section 5)* | | | | | | | | |
| **Section 4 – Security of Personal Information** | | | | | | | |
| **Who will have access to the personal information collected?** *(Please list position titles or functional areas (e.g. Athletics staff, support staff, etc.) of University personnel)* | | | | | | | |
| **How long will the personal information be kept?** | | | | | | | |
| **Describe any steps, practices or safeguards in place or that will be taken to protect the personal information collected, including any limitations or restrictions imposed in the collection, use or disclosure.** | | | | | | | |
| **Describe any risks to individuals in the event that the personal information is subject to theft, loss or unauthorized use or disclosure.** | | | | | | | |
| **Describe any steps to be taken to mitigate risks to individuals in the event of an incident where the personal information is subject to theft, loss or unauthorized use or disclosure.** | | | | | | | |
| **Is this personal information currently collected, used or disclosed using another process or system? If yes, please describe your plans and timelines to transfer data and/or decommission the legacy process or systems.** | | | | | | | |
| **Section 5 – Third Party Vendor Information (if applicable)** | | | | | | | |
| **Identify the third party individuals or organizations involved in the collection, use, access or disclosure of personal information** *(Add or remove rows from the table as required)* | | | | | | | |
|  | **Third Party** | | **Contact Information** | | | | |
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| **Please indicate whether the third party vendor utilizes applications and services that have been previously reviewed and approved by the University’s Information Security and Risk Assessment process and provide any supporting documentation to this effect.** | | | | | | | |
| **Section 6 – Risk Classification** | | | | | | | |
| **What type of personal information is being collected?** *(Check all that apply)*   |  |  |  |  | | --- | --- | --- | --- | | Name and address | Biometric | Personal Opinions | Health | | Identifying Numbers | Biographical | Financial | Education or Employment | | Other: |  |  |  | | | | | | | | |
| **How many individuals’ personal information will be collected annually?** *(Check all that apply)*   |  |  |  |  | | --- | --- | --- | --- | | 1 - 99 | 500 – 999 | 5,000 – 9,999 | 20,000 – 29,999 | | 100 - 499 | 1,000 – 4,999 | 10,000 – 19,999 | 30,000 + | | | | | | | | |
| **Is any of the information hosted by another organization?** *(Check all that apply)*   |  | | --- | | Yes | | No | | Unknown | | | | | | | | |
| **How many people (including third party vendors) will have access to the personal information?** *(Check all that apply)*   |  |  |  |  | | --- | --- | --- | --- | | 1 - 9 | 50 - 99 | 200 - 499 | 1,000 + | | 10 - 49 | 100 - 199 | 500 - 999 |  | | | | | | | | |
| **How long will the personal information be retained?** *(Check all that apply)*   |  |  |  | | --- | --- | --- | | Less than 1 year | 2 – 5 years | 10 years + | | 1 year | 5 – 10 years | Indefinite | | | | | | | | |
| **Section 7 - Attachments** | | | | | | | |
| **Please list any attachments that are being submitted with this assessment.** *(Add or remove rows from the table as required)* | | | | | | | |
|  | | **Attachment Name** | | **Description of Attachment** | | | |
| **1.** | |  | |  | | | |
| **2.** | |  | |  | | | |
| **3.** | |  | |  | | | |
| **Section 8 - Submission** | | | | | | | |
| **Name:** | | | | **Signature:** | **Position Title:** | | **Date:**  YYYY-MM-DD |

**Submit completed form along with and any other supporting documentation to the Information Governance & Privacy Office**

**(privacy@uoguelph.ca)**