Department of Energy
Privacy Impact Assessment (PIA)

Name of Project:
Bureau:
Project Unique ID:
Date:

A.   CONTACT INFORMATION

1. Who is the person completing this document?

2. Who is the system owner?

3. Who is the system manager for this system or application?

4. Who is the IT Security Manager who reviewed this document?

5. Who is the Privacy Act Officer who reviewed this document?

B.   SYSTEM APPLICATION/GENERAL INFORMATION

1.   Does this system contain any information about individuals?

   a.   Is this information identifiable to the individual? [1]

   b.   Is the information about individual members of the public?

   c.   Is the information about DOE or contractor employees?

2.   What is the purpose of the system/application?

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[1] "Identifiable Form" - According to the OMB Memo M-02-22, this means information in an IT system or online collection: (i) that directly identifies an individual (e.g., name, address, social security number or other identifying number or code, telephone number, email address, etc.) or (ii) by which an agency intends to identify specific individuals in conjunction with other data elements, i.e., indirect identification. (These data elements may include a combination of gender, race, birth date, geographic indicator, and other descriptor).

3. **What legal authority authorizes the purchase or development of this system/application?**

C. DATA IN THE SYSTEM

1. **What categories of individuals are covered in the system?**

2. **What are the sources of information in the system?**

   a. **Is the source of the information from the individual or is it taken from another source?**

   b. **What Federal agencies are providing data for use in the system?**

   c. **What tribal, state, and local agencies are providing data for use in the system?**

   d. **From what other third party sources will data be collected?**

   e. **What information will be collected from the individual and the public?**

3. **Accuracy, Timeliness, and Reliability**

   a. **How will data collected from sources other than DOE records be verified for accuracy?**

   b. **How will data be checked for completeness?**

   c. **Are the data current? What steps or procedures are taken to ensure the data are current and not out-of-date?**

   d. **Are the data elements described in detail and documented?**

D. ATTRIBUTES OF THE DATA

1. **Is the use of the data both relevant and necessary to the purpose for which the system is being designed?**

2.   **Will the system derive new data or create previously unavailable data about an individual through aggregation from the information collected, and how will this be maintained and filed?**

3.   **Will the new data be placed in the individual's record?**

4.   **Can the system make determinations about employees/the public that would not be possible without the new data?**

5.   **How will the new data be verified for relevance and accuracy?**

6.   **If the data are being consolidated, what controls are in place to protect the data from unauthorized access or use?**

7.   **If processes are being consolidated, do the proper controls remain in place to protect the data and prevent unauthorized access?**

8.   **How will data be retrieved? Does a personal identifier retrieve the data? If yes, explain, and list the identifiers that will be used to retrieve information on the individual.**

9.   **What kinds of reports can be produced on individuals? What will be the use of these reports? Who will have access to them?**

10.   **What opportunities do individuals have to decline to provide information (e.g., where providing information is voluntary) or to consent only to particular uses of the information (other than required or authorized uses)?**

E.   **Maintenance and Administrative Controls**

1.   **If the system is operated in more than one site, how will consistent use of the system and data be maintained in all sites?**

2.   **What are the retention periods of data in the system?**

3.   **What are the procedures for disposition of the data at the end of the retention period? How long will the reports produced be kept?**

4.	Is the system using technologies in ways that DOE has not previously employed (e.g., monitoring software, Smart Cards, Caller-ID)?

5.	How does the use of this technology affect public/employee privacy?

6.	Will this system provide the capability to identify, locate, and monitor individuals?

7.	What kinds of information are collected as a function of the monitoring of individuals?

8.	What controls will be used to prevent unauthorized monitoring?

9.	Under which PA system of records notice does the system operate?

10.	If the system is being modified, will the PA system of records notice require amendment or revision?

F.	ACCESS TO DATA

1.	Who will have access to the data in the system?

2.	How is access to the data by a user determined?

3.	Will users have access to all data on the system or will the user's access be restricted?

4.	What controls are in place to prevent the misuse (e.g., unauthorized browsing) of data by those having access?

5.	Are contractors involved with the design and development of the system and will they be involved with the maintenance of the system? If yes, were PA contract clauses included in their contracts and other regulatory measures addressed?

6.	Do other systems share data or have access to the data in the system? If yes, explain.

7.   Who will be responsible for protecting the privacy rights of the public and employees affected by the interface?

8.   Will other agencies share data or have access to the data in this system?

9.   How will the data be used by the other agency?

10. Who is responsible for assuring proper use of the data?

The Following Officials Have Approved this Document

1. **System Manager**

   _____ (Signature) _____(Date)

   Name:

   Title:

2. **Privacy Act Officer (Field Site if Applicable)**

   _____ (Signature) _____(Date)

   Name:

   Title:

3. **Privacy Act Officer (Headquarters)**

   _____(Signature) _____(Date)

   Name: Jerry Hanley

   Title: Chief Privacy Officer

4. **Senior Agency Official for Privacy**

   _____ (Signature) _____ (Date)

   Name: Ingrid Kolb

   Title: Director, Office of Management