Department of the Navy
PRIVACY IMPACT ASSESSMENT (PIA) FORMAT

(Use N/A where appropriate)

1. Department of Defense (DoD) Component.

2. Name of Information Technology (IT) System.

3. Budget System Identification Number (SNAP-IT Initiative Number).

4. System Identification Number(s) (IT Registry/Defense IT Portfolio Repository (DITPR)).

5. IT Investment (OMB Circular A-11) Unique Identifier (if applicable).

6. Privacy Act System of Records Notice Identifier (if applicable).

7. OMB Information Collection Requirement Number (if applicable) and Expiration Date.

8. Type of authority to collect information (statutory or otherwise).

9. Provide a brief summary or overview of the IT system (activity/purpose, present life-cycle phase, system owner, system boundaries and interconnections, location of system and components, and system backup).

10. Describe what information in identifiable form will be collected and the nature (e.g., names, Social Security Numbers, gender, race) and source of the information (e.g., other component IT systems, IT systems from agencies outside DoD, etc.).

11. Describe how the information will be collected (e.g., via the Web, via paper-based collection, etc.).

12. Describe the requirement and why the information in identifiable form is to be collected (e.g., to discharge a statutory mandate, to execute a Component program, etc.).

13. Describe how the information in identifiable form will be used (e.g., to verify existing data, etc.).
14. Describe whether the system derives or creates new data about individuals through aggregation.

15. Describe with whom the information in identifiable form will be shared, both within the Component and outside the Component (e.g., other DoD Components, Federal agencies, etc.).

16. Describe any opportunities individuals will have to object to the collection of information in identifiable form about themselves or to consent to the specific uses of the information in identifiable form. Where consent is to be obtained, describe the process regarding how the individual is to grant consent.

17. Describe any information that is provided to an individual, and the format of such information (e.g., Privacy Act Statement, Privacy Advisory) as well as the means of delivery (e.g., written, electronic, etc.), regarding the determination to collect the information in identifiable form.

18. Describe the administrative/business, physical, and technical processes and controls adopted to secure, protect, and preserve the confidentiality of the information in identifiable form.

19. Identify whether the IT system or collection of information will require a System of Records notice as defined by the Privacy Act of 1974 and as implemented by DoD Directive 5400.11, “DoD Privacy Program,” November 11, 2004. If so, and a System Notice has been published in the Federal Register, the Privacy Act System of Records Identifier must be listed in question 6 above. If not yet published, state when publication of the Notice will occur.

20. Describe/evaluate any potential privacy risks regarding the collection, use, and sharing of information in identifiable form. Describe/evaluate any privacy risks in providing individuals as opportunity to object/consent or in notifying individuals. Describe/evaluate further any risks posed by the adopted security measures.

21. State classification of information system and whether the PIA should be published or not. If not, provide rationale. If a PIA is planned for publication, state whether it will be published in full or summary form.
Endorsement and Signature Page

Preparing Official

_____________________________________(signature) __________(date)
Name:
Title:
Organization:
Work Phone Number:
Email:

Information Assurance Official

_____________________________________(signature) __________(date)
Name:
Title:
Organization:
Work Phone Number:
Email:

Privacy Officer

_____________________________________(signature) __________(date)
Name:
Title:
Organization:
Work Phone Number:
Email:

Reviewing Official

_____________________________________(signature) __________(date)
Name:
Chief Information Officer
Organization:
Work Phone Number:
Email: