

Stage 1: Privacy Impact Assessment Threshold Assessment

Date:

1. Contact Details and Overview

Print Form

Service provider name:

Project title:

Project lead:

Individual conducting PIA:

Contact details:

Brief overview of the project:

2. Checklist - Does the project involve any of the following:

1. The collection, use or disclosure of personal health information?

Yes

No

2. The collection, use or disclosure of additional personal health information held by an existing system or source of health information?

Yes

No

3. A new use for personal health information that is already held?

Yes

No

4. Sharing of personal health information within or between organisations?

Yes

No

5. The linking, matching or cross-referencing of personal health information that is already held?

Yes

No

6. The creation of a new, or the adoption of an existing identifier for service users; for example, using a number or biometric?

Yes

No

7. Establishing or amending a register or database containing personal health information?

Yes

No

8. New or innovative use of technology or organisation solutions?

Yes

No

9. Exchanging or transferring personal health information outside the European Union?

Yes

No

10. The use of personal data for research or statistics, whether de-identified or not?

Yes

No

11. A new or changed system of data handling; for example, policies or practices around access, security, disclosure or retention of personal health information?

Yes

No

12. Any other measures that may affect privacy or that could raise privacy concerns with the public?

Yes

No

If the answer to one or more of the questions is "yes" then a Privacy Impact Assessment must be undertaken. If the answer to all of the questions is "no" it will not be necessary to complete a Privacy Impact Assessment.

3. Recommendation

Individual conducting the threshold assessment:

Is a Privacy Impact Assessment (PIA) required?

Yes

No

Name:

Signature:

Title:

Date:

Endorsement by Data Protection Officer:

Do you agree with the above PIA recommendation?

Yes

No

Name:

Signature:

Title:

Date:

Endorsement by senior management:

Do you agree with the above PIA recommendation?

Yes

No

Name:

Signature:

Title:

Date: