

Form A

Please review the entire form before you answer any questions. Providing more information than the questions asks, providing information answering the wrong questions, or leaving sections blank will delay Privacy Officer approval.

In the following questions, answer the open ended questions in the **bolded** prompts. Keep bold font on all answers provided. Answer **Yes / No** questions by deleting the answer that does not apply. Do not add open ended text to **Yes / No** responses.

Name of Department: **Division of Medical Sciences**

PIA Drafter: **Kendra Furber**

Email: **kendra.furber@unbc.ca**

Phone: **250-960-5320**

Oversight Provided by: **Kendra Furber**

Email: **kendra.furber@unbc.ca**

Phone: **250-960-5320**

Description and Scope of Information Management

Describe the purpose of your project/initiative/software. Describe a brief high level overview of the functions, who will benefit from those functions, and who will be impacted if that is not transparent. Indicate if there are groups that are restricted from use and the reason for proposed restrictions. Describe whether there are other reference documents including previous PIAs, whitepapers, or compliance documentation that may support this assessment.

My research program in neurobiology investigates brain function during development, aging and disease. To do this, I use animal (rodent) models and cell culture techniques. Adobe Creative Cloud is required for data analysis and visualization. All data is stored on site, not using creative cloud. The data collected is disseminated through peer-review publication, conference proceeding, and scientific and community presentations.

The software will be used by research trainees in my group including Research Assistants, Postdoctoral Fellows, Graduate and Undergraduate Students.

I have previously completed a PIA and PIA exemption for an institutional user licence for my office computer.

All Elements of Information or Data

Using concise point form, please list the elements of information or data involved in the initiative, even if no personal information is involved. This could include client's name, age, address, work/home email, work/home phone number, educational history, employment history, work status, health information, financial information, photos, comments on a blog, or information specific to your subject area.

- **Microscopy images (data from animal models)**
- **Graphs of biochemical data (animal models)**
- **Schematic representation of research methodology and biological processes**

Location of Where Information is Managed

Does the information manager, vendor, and / or service provider operate from an office outside of Canada?

- Research related data and information **No**
- Personal information related to Research Assistants, Postdoctoral Fellows, Graduate and Undergraduate Students accounts **Yes / No**

Does any user of the information managed in this initiative access this information from outside of Canada beyond during short-term temporary travel?

- Research related data and information **No**
- Personal information related to Research Assistants, Postdoctoral Fellows, Graduate and Undergraduate Students accounts **Yes / No**

Does this initiative have any components that temporarily process information outside of Canada?

- Research related data and information **No**
- Personal information related to Research Assistants, Postdoctoral Fellows, Graduate and Undergraduate Students accounts **Yes / No**

Does this initiative store information for operational use outside of Canada?

- Research related data and information **No**
- Personal information related to Research Assistants, Postdoctoral Fellows, Graduate and Undergraduate Students accounts **Yes / No**

Does this initiative back up or make additional or redundant copies of information outside of Canada?

- Research related data and information **No**
- Personal information related to Research Assistants, Postdoctoral Fellows, Graduate and Undergraduate Students accounts **Yes / No**

Privacy Officer Comments, Conditions & Concerns

This PIA is based on a review of the material provided to the Information Governance Officer as of the date below. If, in future any substantive changes are made to the scope of this PIA, the public body will have to complete a PIA update and submit for approval.

Form B

Please review the entire form before you answer any questions. Providing more information than the questions asks, providing information answering the wrong questions, or leaving sections blank will delay Privacy Officer approval.

In the following questions, answer the open ended questions in the “Answer here” prompts. Keep bold font on all answers provided. Answer **Yes / No** questions by deleting the answer that does not apply. Do not add open ended text to **Yes / No** responses.

Name of Department: **Division of Medical Science**

PIA Drafter: **Kendra L. Furber**

Email: kendra.furber@unbc.ca

Phone: **250-960-5230**

Oversight Provided by: **Kendra L. Furber**

Email: kendra.furber@unbc.ca

Phone: **250-960-5230**

Institutional Approvals and Assessments

I have contacted the Chief Information Security Officer to complete all required physical and technical security assessments to ensure my initiative complies with industry standards as applicable to my initiative. **Yes**

I have contacted the Contracts and Supply Chain Management department to complete a review that ensures the purchasing agreement, service agreement, contract, MOA, MOU or other contractual agreement with any external parties involved ensures the compliant management of any information that UNBC provides about its stakeholders. **Yes**

Does the initiative involve systematic disclosures of personal information outside of UNBC? If yes, I will contact the Privacy Officer to ensure that an Information Sharing Agreement is in place. **No**

Does the program involve access to personally identifiable information for research or statistical purposes? If yes, I will contact the Privacy Officer to ensure that an Access to Restricted Records Agreement is in place. **No**

Data-linking Initiative

In FIPPA, “data linking” and “data-linking initiative” are strictly defined. Answer the following questions to determine whether your initiative qualifies as a “data-linking initiative” under the Act. If you answer “yes” to all 3 questions, your initiative may be a data linking initiative and you must comply with specific requirements under the Act related to data-linking initiatives.

Is personal information from one database linked or combined with personal information from another database? **No**

Is the purpose for the linkage different from the original purpose for which the personal information in each database was originally obtained or compiled? **No**

Is the data linking is occurring between either two or more public bodies or one or more public bodies and one or more agencies? **No**

If I have answered yes to the above three questions, I will work with the Privacy Officer to ensure I meet the requirements for a data-linking initiative? **N/A**

Common or Integrated Program or Activity

In FIPPA, “common or integrated program or activity” is strictly defined. Answer the following questions to determine whether your initiative qualifies as “a common or integrated program or activity” under the Act. If you answer “yes” to all 3 of these questions, you must comply with requirements under the Act for common or integrated programs and activities.

Does this initiative involve a program or activity that provides a service (or services) through a public body and at least one other public body or agency working collaboratively to provide that service? **No**

Does this initiative involve a program or activity that provides a service (or services) through a public body that is working on behalf of one or more other public bodies or agencies? **No**

The common or integrated program/activity is confirmed by written documentation that meets the requirements set out in the Regulations? (Privacy Officer will answer). **N/A**

Please note: If your initiative involves a “data-linking initiative” or a “common or integrated program or activity”, advanced notification and consultation on this PIA must take place with the Office of the Information and Privacy Commissioner (OIPC) as well. Contact the Information Governance Officer to determine how to proceed with this notification and consultation in the early stages of developing the initiative, program or activity.

Personal Information Flow Diagram and/or Personal Information Flow Table

In the table below, complete the Description / Purpose highlighting separately by row each instance that information is collected, used, stored, protected, disclosed and disposed of during this initiative. Unless not possible, ensure these steps are arranged how they would occur chronologically in order to make a transparent work flow. The Privacy Officer will review your steps and determine which type of information management practice each entry is and ensure that the practice is compliant with sections under the Act. This table must be accompanied by a workflow diagram if practices are not transparent or if the PIA is related to a common or integrated program or activity or a data-linking initiative.

Personal Information Flow Table			
	Description/Purpose	Type	FIPPA Authority
1.	Administrator sets up accounts using Student UNBC email address as username.	Collection Disclosure	26(c) 33.1(1)(b)
2.	Student inputs username and password.	Collection	26(c)
3.	Students access and review the research data on Adobe Creative Cloud.	Use	32(e)
4.	Students log out of the system.	Protection	30

Risk Mitigation Table

Please identify any privacy risks, even very unlikely ones, associated with the initiative and the mitigation strategies that will be implemented. Please provide details of all such strategies. The Privacy Officer will help identify the likelihood (low, medium, or high) of this risk happening and the degree of impact it would have on individuals if it occurred.

Risk Mitigation Table				
	Risk	Mitigation Strategy	Likelihood	Impact
1.				

Collection / Consent Notice

PIA # 21-014

Adobe Creative Cloud

If your initiative is collecting personal information directly or indirectly from individuals, you must ensure that all individuals involved are told the following:

- The purpose for which the information is being collected
- The legal authority for collecting it, and
- The title, business address and business telephone number of an officer or employee who can answer questions about the collection.

Please include your proposed wording for a collection & consent notice and where it will be located for individuals to read before collection takes place in the space below. The Privacy Officer will review and provide feedback.

Statement:

Collection and Consent Notice

Please read the below statements and if you agree, please sign below:

I understand and consent to UNBC using my name and UNBC email to set up my account in Adobe Creative Cloud software for the purpose of Section 26(c) and 26(d)(i) of BC’s *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165.

As per section 30.1(a) of the *Act*, I consent to my personal information being stored on Adobe servers located outside of Canada, and I understand such data may be accessed by authorized providers outside of Canada for support services and software upgrades.

Name:

Signature:

Date:

If you have any questions about the collection of this information, please contact Kendra Furber, Assistant Professor, Northern Medical Program by phone at 250-960-5230.

Information Management Controls

Please describe any access controls and/or ways in which you will limit or restrict unauthorized changes (such as additions or deletions) to personal information. How is access to information monitored and logged?

The administrator rights for Adobe creative cloud licence are held by Kendra L. Furber and Leslie Burke. As the research trainees' supervisor, Kendra L. Furber (Principal Investigator) will be responsible for adding or deleting users. This information is storage and managed in the Admin Console under Dr. Furber's Adobe profile affiliated with UNBC.

How is an individual's information updated or corrected? If information is not updated or corrected (for physical, procedural or other reasons) please explain how it will be annotated. If personal information will be disclosed to others, how will the public body notify them of the update, correction or annotation?

Personal information (email address) will not be disclosed by administrator. If UNBC, principal investigator or research trainee determine information needs to be updated, this will be done by a request to the administrator.

Information Disposal

Does your initiative use personal information to make decisions that directly affect an individual(s)? **No**

If you answered "yes", please explain the efforts that will be made to ensure that information management from collection to disposal will ensure that information used to make a decision about someone is accurate, complete, available when needed and disposed of to meet legal requirements. Describe the records retention timeline for the records generated from this initiative.

N/A

If you answered yes above, please describe retention schedules that apply where retention exceeds the one-year requirement under the Act. Please contact the Information Governance Officer if you require assistance.

N/A

Personal Information Banks

Will a database or series of folders be created in this initiative that organizes information by name, identifying number, symbol, or other particular identifier of each individual involved. **No**

If yes, will the records or information collected about the individual contain similar types of personal information. If yes, I will contact the Privacy Officer to ensure that I am identifying that this is a Personal Information Bank (PIB) and identifying the legislatively required descriptors listed in section 69 (6) of FIPPA. **N/A**

Privacy Officer Comments, Conditions & Concerns

This PIA is based on a review of the material provided to the Information Governance Officer as of the date below. If, in future any substantive changes are made to the scope of this PIA, the public body will have to complete a PIA update and submit for approval.

ACTIVELY INITIATIVE

Form C

Once the PIA has been approved with or without conditions, the Privacy Officer will collect signatures from the individuals provided below. A copy of the PIA will be distributed to all signatories for convenience or to attach to a requisition or file with a contract.

Please fill in the name, position, and date in the bolded areas indicated then each individual signs under the signature line confirming that individual agrees with the corresponding statement above the signature line.

Name of Individual leading the Program/Project: **Kendra Furber**

Position: **Assistant Professor, Northern Medical Program**

I confirm the information management practices in this initiative have been documented on Form A, and B as applicable, as accurately as I am aware and I commit to communicating appropriate information management practices to all individuals participating in this initiative as appropriate. I commit to following the documented practices on this PIA, or arranging a PIA amendment if I am aware information management practices in this initiative change.

Signature: _____

Date **2021/11/03**

Director or Dean Overseeing the Program/Project: **Twylla Hamelin**

Position: **Administrative Director, NMP**

I am accountable for overseeing my staff involved in this initiative to ensure they adhere to information management practices presented in this PIA. I will arrange for the project lead named above to contact the Privacy Officer to arrange a PIA amendment if required.

Signature: _____

Date **2021/11/03**

Contact Responsible for Records Maintenance: **Kendra Furber**

Position: **Assistant Professor, Northern Medical Program**

I am responsible for ensuring that I understand how records are being maintained within paper, digital or other information systems within this PIA and that I communicate concerns regarding the feasibility, accuracy, or security of information management in this initiative.

Signature: _____

Date **2021/11/03**

PIA # 21-014

Adobe Creative Cloud

Privacy Officer: **Kellie Howitt**

Position: **Senior Project Consultant**

I confirm that this initiative to the best of my knowledge as written in Form A, and B as applicable, has information management practices that comply with British Columbia's Freedom of Information and Protection of Privacy Act.

Signature: _____

Date **2021/11/03**

A final copy of this PIA (with all signatures) will be kept on record with the Privacy Officer. The Privacy Impact Assessment does not commit UNBC to financially or operationally approve this initiative. This signed form does not guarantee that all other appropriate assessments have been completed for this initiative.

ACTIVATED INITIATIVE