

# PRIVACY IMPACT ASSESSMENT (PIA) CHECKLIST

## For use of the BC Services Card

This document is to assess the personal information required for your program to utilize the BC Services Card (BCSC) Identity Assurance Services to identify individuals accessing your service.

Completion of this template is considered acceptance of the collection, use and disclosure authorities established in the PIA “BC Services Card Release 2 – Implementation – Electronic Use of the BC Services Card” (MTICS14007).

This PIA checklist only covers the identity management portion of your program; please ensure you have completed a separate PIA on your specific service and submit a copy to Privacy, Compliance and Training Branch (PCT). PCT will send a copy of this PIA checklist and your program PIA to the Office of the Information and Privacy Commissioner (OIPC).

For any questions regarding this form or PIAs in general, please contact the PCT at (250) 356-1851 or email [privacy.helpline@gov.bc.ca](mailto:privacy.helpline@gov.bc.ca)

Send your completed PIA checklist to [pia.intake@gov.bc.ca](mailto:pia.intake@gov.bc.ca) and [IDIM.Consulting@gov.bc.ca](mailto:IDIM.Consulting@gov.bc.ca)

### 1. Client Information

Ministry or Organization Name	
Division	
Branch/Section	
Name of online service	
Program PIA file # and title <sup>1</sup>	

### 2. Contact Information.

(This should be the name of the individual most qualified to respond to questions regarding the Program).

Name, Title	
Branch/Section	
Phone Number	
E-Mail	

### 3. Brief Description of Client Program

*Please include a brief overview of your program.*

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<sup>1</sup> Non-Ministry clients should provide a copy of their program PIA to PCT for information purposes.

4. **Description of how the BC Services Card is being used for the service named above**  
*Please include what your need is for identifying and authenticating individuals.*
5. **When using In-Person Authentication, the client must provide a collection notice prior to the collection of personal information:**

*The client must ensure that all individuals involved are informed of the following:*

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

*Please describe how you will provide a collection notice to the end-users of your service if performing an in-person authentication. Please include your proposed wording for a collection notice and where it will be located for individuals to read before collection takes place. You can also attach a screen shot or a copy of your notice.*

6. **From the table below, please check only the NECESSARY attributes of personal information (PI) you require to identify individuals in order to provide your service**

	Attributes of Personal Information	Check if required	Provide rationale for why you need to collect this data element
1.	<b>Primary Documented Surname</b> - The individual's documented surname recorded from valid identification.		
2.	<b>Primary Documented Given Name</b> - The individual's documented given name recorded from valid identification. <i>(Note: This returns first name only and may not include all portions of the first name. For example: if the name included a space such as "Betty Jo" and Jo was included in a middle name field then only Betty would be returned.)</i>		
3.	<b>Primary Documented Given Names</b> - The individual's documented given <u>names</u> recorded from valid identification <i>(Note: This returns all of the names an individual has other than their surname.)</i>		
4.	<b>User Display Name</b> - The individual's name which is their preferred name if available or composed of their documented name.		
5.	<b>Birth Date</b> - The individual's documented birth date recorded from valid identification.		
6.	<b>Age</b> - The individual's age in years based on the documented birth date recorded from valid identification.		
7.	<b>Age 19 or Over</b> - An indicator of whether the individual's age is 19 years or greater based on the documented birth date recorded from valid identification.		

8.	<b>Sex</b> - The individual's documented gender recorded from valid identification.		
9.	<b>Street Address</b> - The street address lines of an individual's provided residential address.		
10.	<b>Locality</b> - The city, municipality or district of an individual's provided residential address.		
11.	<b>Province</b> - The two-letter province code of an individual's provided residential address.		
12.	<b>Postal Code</b> – The postal code of the individual's provided residential address.		
13.	<b>Country</b> – The two-letter country code of an individual's provided residential address.		
14.	<b>Address Block</b> – All address lines of the individual's provided residential address.		
15.	<b>Verified Email</b> – The email address provided by an individual that has been verified with email delivery once.		
16.	<b>Picture</b> – A photograph of the individual's face recorded during the most recent ICBC identification process. ONLY used to support <u>in-person verification</u> of an individual.		
17.	<b>Picture Year Month</b> – The year and month that the <i>Picture</i> of the individual was taken.		

**7. Additional Requirements:**

	Yes	No
1. Is your Ministry or program area aware of and working towards compliance with a Corporate Privacy Management Program? (e.g. Ministry's should be aware of the <a href="#">Privacy Management and Accountability Program (PMAP)</a> )		
2. Have you initiated a Security Threat and Risk Assessment?		
3. Do you have records retention schedules covering the information in the Elements of Personal Information detailed above?		
4. Will the identity information collected only be used for the purposes of identifying an individual?		

**You must answer yes to all of the above questions to use this checklist. If you have answered no to any of the above questions please contact the Privacy, Compliance and Training Branch.**

## 8. Operational Requirements

1. Your program PIA must be submitted to PCT prior to the launch of the service.
2. Based on your program PIA and this checklist, the PCT will liaise between your office, the BC Services Card team (IDIM Consulting) and the Office of the Information and Privacy Commissioner
3. The PCT analyst will provide a signed copy of this checklist to the BCSC team (IDIM.Consulting@gov.bc.ca)

**X SIGNATURES**

**CLIENT APPROVAL:**

_____ Program Manager	_____ Signature	_____ Date
_____ Contact Responsible for Systems Maintenance and Security	_____ Signature	_____ Date
_____ Assistant Deputy Minister or Equivalent	_____ Signature	_____ Date

**CORPORATE INFORMATION AND RECORDS MANAGEMENT OFFICE APPROVAL:**

_____ Privacy, Compliance and Training Branch Ministry of Finance	_____ Signature	_____ Date
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A final copy of this PIA (with all signatures) and notification of all Service or Information Sharing Agreements must be provided to PCT for its records to complete the process. PCT is the designated office of primary responsibility for PIAs under ARCS 293-60.

PCT will publish the ministry name, business contact details and a brief summary of the PIA to the Personal Information Directory (PID) as required by section 69(2) of FOIPPA. If you have any questions, please contact PCT at (250) 356-1851 or email [Privacy.Helpline@gov.bc.ca](mailto:Privacy.Helpline@gov.bc.ca)