## Privacy Impact Assessment

for the

Enter Your Project or Systems Name here.

#### Product Manager

Name: Name of Product Manager/Owner				
Department: Department of Product Manager/Owner				
Contact Phone: Click or tap here to enter Contact Phone#				
Contact Email: Click or tap here to enter contact email.				

## **Privacy Point of Contact**

Privacy Contact: Click or tap here to enter your privacy contact. Title: Click or tap here to enter title of Privacy Contact

Completion Date: Click here to enter the date the Privacy Impact Assessment was completed.

## Send completed form to

This Privacy Impact Assessment ("PIA") is to be used if the data type, use, or notice to an individual is in red or not addressed on the Guidelines for Collection and Use of Personal Information. The purpose of a PIA is to determine the privacy implications of collecting new types of information, using information in new ways, or modifying current notice and choice mechanisms and to integrate privacy protections throughout the lifecycle of a project. Please complete all questions and submit to privacy prior to the start of the project. If there are updates to any of the answers during the project, please update the PIA and resubmit.

# 1. Please provide an abstract for the project that is no longer than 5 sentences and includes:

- Brief description of the project.
- Brief description of the purpose/goals/objective.
- Any related projects.
- Whether this is a new project or a new stage or phase in an existing initiative.

Enter an abstract of your project with the elements requested above here.

2. Identify the types of information that the project will collect or use. (If an Information Type will not be collected or used, leave that row blank.)

Indicate the number of records involved in this project	ct:	Click I	here to enter text	-
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Information Type	Business Purpose	Source of Information	Storage Location	Retention Period <sup>1</sup>	Disposal Method <sup>2</sup>
Name	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Address	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Email address	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Telephone number	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Former or a/k/a names	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Date of Birth	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Social Security Number	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Government ID <sup>3</sup>	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Financial account number	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Persistent identifier⁴:	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Insert Type of Persistent Identifier					
Biometric Identifier	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response

<sup>&</sup>lt;sup>1</sup> Review the Retention Schedule for the appropriate retention period

<sup>&</sup>lt;sup>2</sup> Review the Protecting Meijer Information policy to determine appropriate disposal method

<sup>&</sup>lt;sup>3</sup> Includes driver's license, state identification card, or passport number

<sup>&</sup>lt;sup>4</sup> Includes household ID, mobile device ID, IP address, EmplID, MAC address, advertising ID, etc.

Information Type	Business Purpose	Source of Information	Storage Location	Retention Period <sup>1</sup>	Disposal Method <sup>2</sup>
WIC/SNAP Participation Status	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Precise In-Store Location	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Location (other than precise in-store)	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Username and/or password	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Age	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Race/Ethnicity	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Gender	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Employment Information	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Insert Type of Employment Information					
Education Information	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Insert Type of Education Information					
Health Information <sup>5</sup>	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Insert Type of Health Information					

<sup>&</sup>lt;sup>5</sup> This does not include Protected Health Information created and/or used by the Pharmacy.

Information Type	Business Purpose	Source of Information	Storage Location	Retention Period <sup>1</sup>	Disposal Method <sup>2</sup>
Family Information <sup>6</sup>	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Insert Type of Family Information					
Photo or Video	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Internet browsing history	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Purchase history	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Return history	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response
Other: Insert Other Information	Insert Response	Insert Response	Insert Response	Insert Response	Insert Response

<sup>&</sup>lt;sup>6</sup> Includes marital status, information about spouse and/or children, etc.

3. Will individuals be notified about the information being collected and used?

Click here for drop down menu.

a. If yes, how (e.g. pop-up, disclaimer, link to privacy policy, etc.) and when (e.g. before collection, etc.)?

Click here to enter text

b. If no notice will be provided, why?

Click here to enter text.

4. Will individuals be given the opportunity to opt out of collection and/or use?

Click here for drop down menu.

a. If yes, how, and when? (Describe the opt-out process in detail, including how opt-outs are logged)

Click here to enter text

b. If not, why?

Click here to enter text.

5. Will an individual be able to opt out of collection and/or use at a later date?

Click here for drop down menu.

a. If yes, how? (Describe in detail, including timing, what will happen to the information previously collected on that individual)

Click here to enter text.

b. If not, why?

Click here to enter text.

6. Will an individual be able to opt back in after they have opted-out?

Click here for drop down menu.

## a. If yes, how?

Click here to enter text

#### b. If not, why?

Click here to enter text.

## 7. Will individuals have access to and be able to change the information about them?

Click here for drop down menu.

a. If yes, how?

Click here to enter text

b. If not, why?

Click here to enter text.

8. Will the project create or use inferences, predictive scores or ratings created based on any of the information outlined above?

Click here for drop down menu.

9. Identify security techniques that are used to protect the information.

□ User identification	□ Password	Biometrics, including facial recognition
Intrusion detection system	Encryption	External Certificate Authority certificate (SSH, SSL)
Physical controls	Virtual private network	□ System log monitoring
□ Border firewall	□ External firewall	□ Web application firewall
□ Role Based Security		
Other (please describe): Cli	ick here to enter text to describe a	dditional techniques

# 10. List those who have access to the information and the justification for access.

Role	Department	Justification	Elevated Privileges Required (Yes/No)
Insert Response	Insert Response	Insert Response	Choose an item.
Insert Response	Insert Response	Insert Response	Choose an item.
Insert Response	Insert Response	Insert Response	Choose an item.
Insert Response	Insert Response	Insert Response	Choose an item.
Insert Response	Insert Response	Insert Response	Choose an item.

### a. Meijer Team Members:

## b. Third Party Individuals:

Name	Role (as assigned by Meijer IT)	Company	Justification	Approved Vendor Security Questionnaire	Elevated Privileges Required (Yes/No)
Insert Response	Insert Response	Insert Response	Insert Response	Choose an item.	Choose an item.
Insert Response	Insert Response	Insert Response	Insert Response	Choose an item.	Choose an item.
Insert Response	Insert Response	Insert Response	Insert Response	Choose an item.	Choose an item.
Insert Response	Insert Response	Insert Response	Insert Response	Choose an item.	Choose an item.
Insert Response	Insert Response	Insert Response	Insert Response	Choose an item.	Choose an item.

**11. Describe the flow of information.** (Include data flow diagrams with text descriptions to describe each node of the flow)

Click here to enter text or diagram.

**12.** Additional information. (Include any additional information or context that would be useful)

Click here to enter text.