**PRIVACY THRESHOLD ANALYSIS (PTA)**

Summary Information

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| **Project or Program Name:** | *[Enter Text]* | | |
| **Component:** | Department of Homeland Security Headquarters (DHS HQ) | **Office or Program:** | *[Enter text]* |
| **FISMA Name:** | Test\_2015-01-15-1052 | **FISMA Number:** | [FISMA Number Not Specified] |
| **Type of Project or Program:** | *[Enter text]* | **Project or Program Status:** | Operational |

PROJECT OR PROGRAM MANAGER

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | [Name not provided] | | |
| **Office:** | [Office not provided] | **Title:** | [Title not provided] |
| **Phone:** | [Phone not provided] | **Email:** | [Email not provided] |
| No Program Managers or Project Managers have been specified for this Project in the Project Personnel section. | | | |

INFORMATION SYSTEM SECURITY OFFICER (ISSO)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | [Name not provided] | | |
| **Phone:** | [Phone not provided] | **Email:** | [Email not provided] |
| No Information System Security Officers have been specified for this Project in the Project Personnel section. | | | |

sPECIFIC pta QUESTIONS

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| **1. Please describe the purpose of the project or program:** *Please provide a general description of the project and its purpose in a way a non-technical person could understand.* |
| *[Enter text]* |

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| **2. Project or Program status** | | [ ] Existing [ ] New [ ] Pilot [ ] Update | |
| **Date first developed:** | *[Enter a date]* | **Pilot launch date:** | *[Enter a date]* |
| **Date last updated:** | *[Enter a date]* | **Pilot end date:** | *[Enter a date]* |

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| **3. From whom does the Project or Program collect, maintain, use or disseminate information?** *Please type an X for all that apply.* | [ ] DHS Employees [ ] Contractors working on behalf of DHS [ ] Members of the public [ ] This program does not collect any personally identifiable information |

|  |  |
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| **4. What specific information about individuals could be collected, generated or retained?** *Please provide a specific description of information that might be collected, generated or retained such as names, addresses, emails, etc.* | |
| *[Enter text]* | |
| **Does the Project or Program use Social Security Numbers (SSNs)?** | [ ] Yes [ ] No |
| **If yes, please provide the legal authority for the collection of SSNs:** | *[Enter text]* |
| **If yes, please describe the uses of the SSNs within the Project or Program:** | *[Enter text]* |

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| **5. Does this system employ any of the following technologies:**  *If project or program utilizes any of these technologies, please contact Component Privacy Officer for specialized PTA.* | [ ] Closed Circuit Television (CCTV) [ ] Sharepoint-as-a-Service [ ] Social Media [ ] Mobile Application (or GPS) [ ] Web portal [ ] None of the above |
| **If this project is a technology/system, does it relate solely to infrastructure?**  *For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?* | [ ] No. Please continue to next question. [ ] Yes. If a log kept of communication traffic, please answer the following question. |
| **If header or payload data is stored in the communication traffic log, please detail the data elements stored.** | |
| *[Enter text]* | |

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| **6. Does this project or program connect, receive, or share PII with any other DHS programs or systems?** | [ ] No. [ ] Yes. If, yes, please list: *[Enter text, if applicable]* |
| **7. Does this project or program connect, receive, or share PII with any external (non-DHS) partners or systems?** | [ ] No. [ ] Yes. If, yes, please list: *[Enter text, if applicable]* |
| **Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, LOI, etc.)?** | Please describe applicable information sharing governance in place. *[Enter text]* |

PRIVACY THRESHOLD REVIEW

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| --- | --- |
| **Component Privacy Office Reviewer:** | *[Enter text]* |
| **Component Privacy Office Recommendation:** *Please include recommendation below, including what new privacy compliance documentation is needed.* | |
| *[Enter text]* | |

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| --- | --- |
| **Date submitted to DHS Privacy Office** | *[Enter a date]* |
| **DHS Privacy Office Reviewer:** | *[Enter text]* |
| **Date approved by DHS Privacy Office** | *[Enter a date]* |
| **PCTS Workflow Number:** | *[Enter text]* |

DESIGNATION

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| **Privacy Sensitive System:** | *[Specify]*  If "no" PTA adjudication is complete. |
| **Category of System:** | Other  If "other" is selected, please describe. |
| **Determination:** [ ] PTA sufficient at this time. [ ] Privacy compliance documentation determination in progress.  [ ] New information sharing arrangement is required.  [ ] DHS Policy for Computer-Readable Extracts Containing Sensitive PII applies.  [ ] Privacy Act Statement required.  [ ] Privacy Impact Assessment (PIA) required. [ ] System of Records Notice (SORN) required. | |
| **PIA:** | *[Specify]*  If covered by existing PIA, please list: *[Enter text]* |
| **SORN:** | *[Specify]*  If covered by existing SORN, please list: *[Enter text]* |
| **DHS Privacy Office Comments:** *Please describe rationale for privacy compliance determination above.* | |
| *[Enter text]* | |