**Annual Personal Information (PI) System Report**

Deadline for submission: September 30, 2015

***Effective January 1, 2009, any government agency that maintains one or more personal information system shall submit to the State of Hawai‘i Information Privacy and Security Council an annual report on the existence and character of each personal information system added or eliminated since the agency's previous annual report. The annual report shall be submitted no later than September 30 of each year.  (HRS§ 487N-7)***

**“Personal information system”** means any manual or automated recordkeeping process that contains personal information and the name, personal number, or other identifying particulars of a data subject.

**“Personal information”** means an individual’s first name or first initial and last name in combination with any one or more of the following data elements, when either name or data elements are not encrypted:

1. Social Security number;
2. Driver's license number or Hawai‘i identification card number; or
3. Account number, credit or debit card number, access code, or password that would permit access to an individual’s financial account.

Note: Personal information does not include publicly available information that is lawfully made available to the general public from federal, state or local government records.

**INSTRUCTIONS: Please complete section B. Fill out a separate report for each personal information system maintained by your agency or program.**

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| **Agency or programs covered by this report:** |  |

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| **A. Required Information** | **B. Your Response** |
| 1. What is the **name** or descriptive title of the PI system? |  |
| 1. Where is the PI system **located**? |  |
| 1. What is the nature and **purpose** of the PI system? |  |
| 1. Cite or describe the statutory or administrative **authority** for establishment of the PI system. |  |
| 1. What is the approximate **number** of all individuals on whom PI is maintained? |  |
| 1. List categories of PI stored in **computer**-accessible records. |  |
| 1. List categories of PI maintained **manually**. |  |
| 1. List categories of PI maintained in any other way. |  |
| 1. If the PI system or any part thereof is confidential pursuant to statute, rule or contractual obligation, describe the confidential requirement while also identifying the source of same. |  |
| 1. If the PI system is maintained on an unrestricted basis, describe the confidential requirements related to the system. |  |
| 1. Provide detailed justification of the need by your agency for statutory or regulatory authority to maintain the PI system on a confidential basis for any system or part thereof that is required by law or rule. |  |
| 1. List all categories of **sources** of PI. |  |
| 1. What are your policies and practices regarding PI storage? |  |
| 1. What are your policies and practices regarding the duration of retention of PI? |  |
| 1. What are your policies and practices regarding the **elimination** of PI from the system? |  |
| 1. Describe how the PI contained in the PI system is **used** by the agency or program. |  |
| 1. List agency or program personnel (by job classification) to whom **disclosures** of PI are made. Describe any restrictions on disclosure and redisclosure for all job classifications listed in your response. |  |
| 1. List agency or program personnel (by job classification) to whom access to the PI system is granted. Describe the purpose of such access and any restrictions on disclosure, access and redisclosure for all job classifications listed in your response. |  |
| 1. List all other agencies, persons or categories to which disclosures of PI are made. Describe any restrictions on disclosure and redisclosure for all entities listed in your response. |  |
| 1. List all other agencies, persons or categories to which access to the PI system is granted. Describe the purpose of such access and any restrictions on disclosure, access and redisclosure for all entities in your response. |  |
| 1. List all **forms** that are used by your agency or program to collect PI. |  |
| 1. Provide the name, title, business address, and telephone number of person **immediately responsible** for complying with HRS§ 487N-7. |  |

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| Report completed by: | Position title: | | Agency/Program: | |
| Date submitted: | Email: | Phone: | | Fax: |

**Deadline for submission: September 30, 2015**

Email to [ipsc@hawaii.gov](mailto:ipsc@hawaii.gov)

**Information Privacy and Security Council**

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