A Data Risk Assessment addresses security, privacy, and legal risks posed to the College. A Data Risk Assessment is required for Utica College projects that involve financial, health, student records and vendors with knowledge of Utica College’s strategic plans or any other data the college determines requiring protection.

HOW TO INITIATE A DATA RISK ASSESSMENT:

1. Review the Data Security Policy before completing the intake form.

2. Complete the intake form as follows:
   - Sections A and B must be completed by a Utica College individual who has full programmatic knowledge of the project. Questions about these sections should be sent to jfarr@utica.edu.
   - Section C will require consultation with information security and the technical staff involved in the project who will administer the systems. This section may require detailed technical information from your outside collaborator(s). Provide the form to them as soon as possible to allow sufficient time for completion. Questions about this section should be sent to the Director of Information Security and Network Specialist.
   - Completely answer ALL questions and specify “N/A” if a question does not apply to your project. Leaving any questions unanswered may delay the review process.

3. Once your intake form is completed and you have gathered all supporting documents, file a ServiceNow ticket as follows:
   - Provide form to to the Director of Information Security and Network Specialist.

4. Attach your completed intake form, data flow diagram, related agreements and, if applicable, your IRB application to the Director of Information Security and Network Specialist. Review may be delayed if these documents are not attached. An application is considered complete only when the form is complete and all documents are attached.

AFTER YOU SUBMIT YOUR COMPLETED APPLICATION:

After receiving your intake form and all supporting documents, your information will be reviewed. If more information or clarification is needed, your technical and programmatic staff and those of your collaborator(s) may be scheduled for a meeting. A report will be issued with recommendations for addressing the risks posed by the project.

QUESTIONS:

General questions about the form or process can be directed to the Director of Information Security and Network Specialist. Thank you, and we look forward to collaborating with you on this project.
UTICA COLLEGE
DATA RISK ASSESSMENT
INTAKE FORM

UTICA COLLEGE APPLICANT
SUBMITTER NAME AND TITLE

IF NOT SAME AS ABOVE, PROJECT LEAD NAME AND TITLE

DEPARTMENT

PHONE NUMBER EMAIL

PROJECT TITLE

TYPE OF PROJECT
☐ Health Records ☐ Student Records ☐ Quality improvement/assessment
☐ Research ☐ Fundraising/marketing/Financial ☐ Administration/operations
☐ Outsourcing (process, application/service) ☐ Other (describe): IRB PROTOCOL NUMBER (if applicable)

A. For Utica College Project leader to Complete. INFORMATION ABOUT THE PROJECT

1. OVERVIEW.
   a) Identify all non-Utica College parties involved in the project.

<table>
<thead>
<tr>
<th>Third party/Organization name</th>
<th>Role (e.g., vendor, funding sponsor, business associate, subcontractor, collaborator, technical support, etc.)</th>
<th>Point of Contact</th>
<th>Sensitive Data that will be transferred to/ received from / accessed by entity (i.e. Student Records, HIPPA, FERPA, Finnnancial Records, other protected data)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b) In layperson’s language, briefly summarize the overall project, including what each organization/third party identified above will do in the project.

   c) What is the target start date for this project or this project phase?
d) Is this a new project or an enhancement/adjustment to an existing project?
☐ New  ☐ Enhancement/Adjustment
If enhancement/adjustment, what is being changed?
☐ Technology  ☐ Vendor  ☐ Data  ☐ Other (specify):

2. PROJECT FUNDING. If this project is externally funded, provide the sponsor name, SPO number, or agreement. (External funding sources may have their own requirements)
☐ Project is not externally funded

3. CONTRACTS AND OTHER OBLIGATIONS. Identify and attach to any agreements, obligations or regulatory requirements related to this project, this dataset, or the third parties involved.
☐ No known obligations  ☐ Master Agreement
☐ Non-disclosure/Confidentiality Agreement  ☐ Umbrella Agreement
☐ Sponsored Research Agreement  ☐ Business Associate Agreement (BAA)
☐ Collaborative Agreement  ☐ Data Use Agreement
☐ FIPS, FISMA, NIST requirements in contract  ☐ Other (explain):

4. OTHER INVOLVED/INTERESTED UTICA COLLEGE ENTITIES. Identify any other Utica College entity with whom you have worked or consulted as part of this project.
☐ Office of Legal Affairs  ☐ Purchasing  ☐ IITS  ☐ Development Office  ☐ Registrar
☐ Utica College Health Center  ☐ Other Utica College
Provide the point(s) of contact for the office(s) selected above.

B. For Utica College Project leader to Complete. INFORMATION ABOUT THE DATA INVOLVED IN PROJECT (fill this out by Utica College)

1. DATA OWNER IS:
☐ Utica College  ☐ Other (specify):

2. a) WILL NON-UTICA COLLEGE PARTIES ACCESS UTICA COLLEGE DATA?  ☐ Yes  ☐ No
IF YES, HOW?
☐ Paper  ☐ SFTP  ☐ Thumb-drive/hard drive
☐ Web portal / Server access (external credentials)  ☐ View-only
☐ Web portal / Server access (UC Credentials)  ☐ Download
☐ Other: ____________________________

b) WILL UTICA COLLEGE INDIVIDUALS ACCESS NON-UTICA COLLEGE DATA?  ☐ Yes  ☐ No
IF YES, HOW?
☐ Paper  ☐ SFTP  ☐ Thumb-drive/hard drive
☐ Web portal / Server access (external credentials)  ☐ View-only
☐ Web portal / Server access (UC Credentials)  ☐ Download
3. **DATA ELEMENTS INVOLVED IN ANY PART OF THE PROJECT.** Select all that apply and explain, where necessary. Attach a data dictionary, if available.

- [ ] Full names (students, alumni)
- [ ] Full names (patients, research subjects)
- [ ] Full names (employees)
- [ ] Full names (all others)
- [ ] Geographic subdivisions smaller than a state
- [ ] Dates (except year) directly related to an individual
- [ ] Telephone numbers
- [ ] Fax numbers
- [ ] E-mail addresses
- [ ] Social Security numbers
- [ ] Medical record numbers
- [ ] Health plan beneficiary numbers
- [ ] Account numbers (e.g., medical or insurance)
- [ ] Certificate/license numbers
- [ ] Vehicle identifiers and serial numbers, including license plate numbers
- [ ] Device identifiers and serial numbers
- [ ] Web URLs
- [ ] IP address numbers
- [ ] Biometric identifiers, including finger and voice prints
- [ ] Full face photographic images and any comparable images
- [ ] Other photographic images, video or audio
- [ ] Utica College ID number (student, employee)
- [ ] Lab or pathology test results
- [ ] Diagnoses or procedures
- [ ] Psychology or mental health information
- [ ] Clinical records
- [ ] Prescriptions or medications
- [ ] Images or radiology reports
- [ ] Passport or Visa numbers
- [ ] Employee personnel files
- [ ] Grades or performance (students, alumni)
- [ ] Disciplinary actions or proceedings (students, alumni)
- [ ] Demographics (age, sex, etc.)
- [ ] Financial account numbers (e.g., bank accounts, credit)
- [ ] Financial records, including credit card or bank information
- [ ] Donor contact and gift information
- [ ] Salary information
- [ ] Employment benefits
- [ ] Other health, medical or physical or mental status information (describe):
- [ ] Any other unique identifying numbers, characteristic, or code (describe):
- [ ] Other:

4. **POPULATION SIZE.** Provide an estimate of the number of individuals whose data will be involved in this project.

- [ ] 1-99
- [ ] 100 – 999
- [ ] > 1,000

5. **DATA IS SOURCED FROM** (select all that apply):

- [ ] Banner
- [ ] Medical records
- [ ] Registrar
- [ ] HR records
- [ ] Participant provided (e.g., surveys, mobile apps)
- [ ] Government records/systems
- [ ] Utica College email or other technical system
- [ ] Other non-Utica College system, database, or party
- [ ] Other (describe):

6. **IS THE DATA COMING INTO OR GOING OUT OF THE UNITED STATES?**

- [ ] No
- [ ] Yes (where?):

7. **DATA IS:**

- [ ] Identifiable
- [ ] A limited data set
- [ ] De-identified using the HIPAA Safe Harbor Method
- [ ] Not PHI but de-identified, pseudonymized, anonymized, or otherwise masked as described

**REQUIRED:** If data is not identifiable, describe the process for removal of identifiers.
b. **STORAGE, RETENTION AND DESTRUCTION.** Provide a data flow description for each stage of the data lifecycle (collection, storage, use, transmission, access, and destruction).

6. **DATA IN TRANSIT.**
   a. What protocols are supported and enabled to transmit application encrypted data? Select all that apply.
      - ☐ TLS 1.1
      - ☐ TLS 1.2
      - ☐ Other (specify): ____________
   b. Is Utica College initiating the transmission? ☐ Yes ☐ No
   c. Is Utica College pushing or pulling data from other vendor systems? ☐ Pushing ☐ Pulling ☒ Both

7. **DATA AT REST**
   a. Is data encrypted at rest? ☐ Yes ☐ No
   b. Are backups encrypted? ☐ Yes ☐ No
   c. Describe how encryption keys are being secured, including who has access to the keys.

8. **ACCESS.**
   a. **USERS AND ADMINISTRATORS.** Identify the individuals, or classes of individuals, and their roles who will have administrator access and who will have user access to the system. Specify who manages access.

   b. **USER METHODS.** Check the different methods by which the users can access the system
      - ☐ SSH
      - ☐ Web Application
      - ☐ Client Application
      - ☐ Other (specify) ____________

   c. **ADMIN METHODS.** Check the different methods by which the administrators can access the system
      - ☐ SSH
      - ☐ Web Application
      - ☐ Client Application
      - ☐ Other (specify) ____________