Memo

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| To: | <campus client requesting information> e.g. Research | |
| From: | <data custodian of information> e.g. Human Resources | |
| Date: | <current date> | |
| Re: | Request for access to controlled information | |
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You have requested a data transfer that involves sharing records that contain personal information, referred to herein as ‘controlled information’. Access and privacy to information at the University of Guelph is legislated under the Freedom of Information and Protection of Privacy Act, known as FIPPA. Further information on Information and Records Management is available on the University Secretariat website at:

https://www.uoguelph.ca/secretariat/office-services-privacy-and-access-information/information-and-records-management

Proper records management processes that ensure the privacy and security of the information need to be followed when handling personal information, both in the system that collects the personal information as well as the subsidiary systems on campus that require access to that information in order to conduct business within the scope of the University.

The following process is followed prior to obtaining the controlled information you have requested in order to ensure the privacy and security of the personal information:

1. Identification of the business purpose the information is being requested for and the system and location it will be stored in, sent and signed by the senior executive (Dean/AVP level) of the requesting department (see attached Request for Controlled Information)
2. After the “Request for Controlled Information” is received, a meeting with *<campus client>* and the *<data custodian>* will be held to review the intended business purpose and responsibilities for proper records management and adherence to University policies, which will include a review and discussion of the attached Schedules
3. Listing of data elements required (see attached Schedule A)
4. Review and acknowledgement of client responsibilities for use and management of this information (see attached Schedule B)
5. A signed copy of the Information Sharing Agreement ensuring the proper stewardship of the controlled information, including the completed Schedule A and Schedule B, and identification of the person in *<the client area>* responsible for ensuring proper records management processes are followed, who can be contacted for annual review of the use of the controlled information (see attached Information Sharing Agreement)

Please submit the attached Information Request as a first step in your request for sharing information. During the review process, we will assist you with filling out Schedule A and reviewing Schedule B prior to final sign-off of the Information Sharing Agreement.

**Request for Controlled Information**

**Between** *<campus client>* **and** *<University data custodian>*

**Purpose and Storage**

Please outline the following:

* Business purpose:
  + the reason your area is requesting controlled information, e.g. the University business purpose it will be used to support
  + high level description of the business process(es) it will be used in
* Storage of the information:
  + any system it will be imported to, and frequency being requested for updated information
  + location of the information (on-premise or off-premise, e.g. cloud, hosted by vendor)

<outline of the above from client here>

**Schedule A**

**Data Requirement**

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| **Field Required** | | **Example** | **Reason it is required** |
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**Schedule B**

**Restrictions on use of Controlled Information**

1. The Client has reviewed and acknowledged responsibility for:
   1. Having processes in place to safeguard the University information, taking into consideration the following statements, policies and guidelines:
      1. University Statement of Protection of Privacy and Access to Information, accessible at: <http://www.uoguelph.ca/info/privacyguidelines/ProtectionofPrivacyandAccesstoInformation.pdf>
      2. Enterprise IT Guidelines found at:

https://www.uoguelph.ca/ccs/infosec/policies\_and\_procedures

* + 1. Data storage guidelines found at:

<https://www.uoguelph.ca/ccs/sites/uoguelph.ca.ccs/files/InfoSec_Data%20Storage%20Guidelines%20-%20FINAL.pdf>

1.1.4 Vulnerability Assessment Policy found at:

https://www.uoguelph.ca/ccs/infosec/vuln\_assessment

* 1. Having appropriate processes in place to manage access to the Controlled Information so that only authorized users have access to the necessary amount of Controlled Information to conduct the operations they are responsible for, and ensure authorized users are aware of their responsibility to respect and maintain the confidentiality and security of the Controlled Information
  2. Only using the Controlled Information to carry out normal business processes as indicated in this request and operational activities associated with the identified system(s), **not to be disclosed or shared for any other purposes or sent to other systems without prior discussion with and approval from the <data custodian>**
  3. Notifying the <data custodian> of changes and issues affecting the controlled information, including:
     1. System changes including physical location of stored information, moving to different software used to access the information, or changing support provider(s)
     2. Any security breaches where the controlled information may have been exposed
     3. Terminating the use of the Controlled Information, so proper decommissioning processes can be followed

**Information Sharing Agreement**

**for the use of Controlled Information**

**Between** *<campus client>* **and** *<University data custodian>*

Both parties agree to sharing the controlled information identified in “Schedule A” for the *<<include purpose and system identified in the “Request for Controlled Information”>>*

By signing below, the *<campus client>* acknowledges they are aware of their responsibility for proper stewardship of the controlled information and agrees to notify *<University data custodian>* of changes, as outlined in “Schedule B”.

Both parties agree to an annual review of the use of this controlled information, to be initiated by the *<University Data Custodian>.*

The contact person in the *<campus client area>* responsible for ensuring proper records management processes are followed, who can be contacted for annual review of the use of the controlled information is:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (email and phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Client Signature**   |  |  | | --- | --- | | *Name* |  | | *Title* |  | | *Department* |  | | *Signature* |  | | *Date* |  | | **University Data Custodian Signature**   |  |  | | --- | --- | | *Name* |  | | *Title* |  | | *Department* |  | | *Signature* |  | | *Date* |  | |