



Procurement Services | Finance Division

Data Access Questionnaire

This questionnaire is intended to help campus units who are initiating a vendor relationship (or contemplating entering into a vendor relationship) that may involve the use of or access to certain types of **sensitive University data** and/or **involvement by ITS**. The University recognizes that the use of or access to sensitive data by outside vendors may involve certain risks, and therefore it is important that this form be fully completed before any such relationship can be approved by Procurement Services.

Please note that any approvals provided as a result of this questionnaire are based solely on the information provided in this questionnaire. If there are changes to the project or to the scope of the project, or if corrections are made to this questionnaire after it is submitted, then a newly updated questionnaire must be submitted for review.

Requisition Number: _____ Univ. Department: _____

School of Medicine? (yes/no) _____ Departmental Contact: _____

Vendor Name: _____

Product or Project Name: _____

Brief Description: _____

- Will the vendor receive, store, transmit, or have access to **Institutional Data**? This is a subset of the University's information resources and administrative records and includes any information in print, electronic, or audio-visual format that meets the following criteria:
 - Acquired and/or maintained University employees in performance of official administrative job duties;
 - Created or updated via use of a University enterprise system or used to update data in an enterprise system;
 - Relevant to planning, managing, operating, or auditing a major function at the University;
 - Referenced or required for use by more than one organizational unit; and
 - Included in official University administrative reports or official University records.

Examples of Institutional Data types include alumni and development data, facilities data, data related to the management of fiscal resources of the University, human resources data, information technology data, library and information resource data, organizational data, person registry (identity management/authentication) data, research administration records, and student data.

Institutional Data	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what type of Institutional Data will be accessed?	

<p>Per the Institutional Data Governance Policy, Data Stewards (senior University officials with the responsibility for managing certain Institutional Data) must approve access to Institutional Data within their functional areas. http://its.unc.edu/files/2014/08/Institutional-Data-Governance-Policy.pdf</p>	
Did the Data Steward approve access?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Data Steward Name:	

2. Will the vendor receive, store, transmit, or have access to any data that is **individually identifiable health information**, or health information which can be linked to a particular person? This information can relate to:

- The individual’s past, present or future physical or mental health or condition;
- The provision of health care to the individual; or
- The past, present, or future payment for the provision of health care to the individual

This information is considered linkable to a particular person if it includes any of the following identifiers:

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| <ul style="list-style-type: none"> • Name • Geographical subdivisions smaller than a State (street address, city, county, precinct, zip code*, & their equivalent geocodes) • All elements of dates more specific than the year for dates directly related to an individual (birth date, admission date, discharge date, date of death, all ages over 89*) • Phone #s • Fax #s • Email addresses • Social Security #s • Medical record #s | <ul style="list-style-type: none"> • Health plan beneficiary #s • Account #s • Certificate/license #s • Vehicle identifiers & serial #s (license plate #s) • Device identifiers & serial #s • URLs (Web Universal Resource Locators) • IP addresses (Internet Protocol address #s) • Biometric identifiers (e.g., finger/voice prints) • Full face photographs & any comparable images • Any other unique identifying #, characteristic, or code (Note: this does not mean the unique code assigned by a researcher to code the data) |
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*Contact your Privacy Liaison or the Institutional Privacy Office for more details

Individually Identifiable Health Information	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the product/service for a clinical purpose?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the product/service part of a research study?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the IRB #	_____
If yes, may the product/service be used for a clinical purpose in the future?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> (explain below)	

3. Will the vendor receive, store, transmit, or have access to any data that is **Personally Identifiable Information (PII)**? PII consists of a person’s name in combination with any of the following:

- Social security or employer taxpayer ID #s
- Driver license #s (unless appearing in a law enforcement record), state ID card #s, or passport #s
- Checking account or savings account #s
- Credit card or debit card #s
- PIN (personal identification) codes
- Digital signatures
- Other #s or info that can be used to access a person’s financial resources
- Biometric data
- Fingerprints
- Passwords

Personally Identifiable Information (PII)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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4. Will the vendor receive, store, transmit, or have access to any data that is **student information**? Subject to certain exceptions, any records directly related to a student that are maintained by the University are defined as “*education records*” and are protected by the Family Educational Rights and Privacy Act (FERPA).

Student Information	Yes <input type="checkbox"/> No <input type="checkbox"/>
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5. Will the vendor (i) receive, store, transmit, or have access to any **bank account or payment card** information; (ii) perform Automated Clearing House (ACH) or wire transfer transactions or electronic payments; (iii) collect credit/debit card numbers; (iv) process credit/debit card transactions; (v) remit funds to the University; or (vi) require use of TouchNet or any other University related payment portal?

Electronic Payment Processing or Bank Account Info	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will transactions involving credit card acceptance be involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the vendor process credit/debit card transactions or collect credit/debit card numbers on behalf of the University?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the vendor remit funds to the University?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the vendor use First Data Merchant Services or require use of TouchNet or any University related payment portal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If yes to any of the above, please note that you MUST submit the proposed vendor relationship to the University’s CERTIFI Committee at certifi@unc.edu for approval. Only CERTIFI-approved vendors may accept electronic payments for any University-related function. You can contact the University’s Accounting Services department at (919) 843-0420 for additional information and coordination with the CERTIFI Committee.</p>	

6. Will the vendor be providing **software-as-a-service (SaaS)** or otherwise serving as an application service provider (ASP)? If so, will the vendor be working with, storing, or have access to **sensitive University information**? (Note: examples of SaaS include cloud hosting, off-site storage, etc.)

Software-as-a-Service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the SaaS involve sensitive University information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe the type of data to be entered/captured in the system:	

7. Will the service or product require **integration** or involve **data sharing** to or from existing campus information systems or finance systems? Note that integration includes, but is not limited to, use of Active Directory service, the campus single sign-on (SSO) service, or trusted/shared/federated sign-on services.

Integration or Data Sharing with Existing Systems	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe:	
FOR SSO SERVICE: Please ask the vendor if the product or service supports SAML and the Eduperson Attribute Schema (Display Name instead of legal first and last names) Yes <input type="checkbox"/> No <input type="checkbox"/>	

8. Will the service or product require **assistance from ITS**, either for initial setup or ongoing maintenance?

Requires ITS Assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please describe:

9. Will the service or product **replace or duplicate** any existing campus information systems or finance systems?

Replaces or Duplicates Existing Systems	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe:	