

**U.S. Department of Commerce
U.S. Patent and Trademark Office**



**Privacy Impact Assessment
for the
Intellectual Property Leadership Management Support System
(IPLMSS)**

Reviewed by: John B. Owens II, Bureau Chief Privacy Officer

- Concurrence of Senior Agency Official for Privacy/DOC Chief Privacy Officer
- Non-concurrence of Senior Agency Official for Privacy/DOC Chief Privacy Officer

Catrina D. Purvis

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Date: 2017.07.25 13:33:20 -04'00'

Signature of Senior Agency Official for Privacy/DOC Chief Privacy Officer

Date

U.S. Department of Commerce Privacy Impact Assessment USPTO Intellectual Property Leadership Management Support System

Unique Project Identifier: PTOL-001-00

Introduction: System Description

Provide a description of the system that addresses the following elements:

The response must be written in plain language and be as comprehensive as necessary to describe the system.

(a) a general description of the information in the system

The components of the Intellectual Property Leadership Management Support System (IPLMSS) are located at the USPTO Alexandria, Virginia. The IPLMSS system resides on the USPTO network (PTONet).

The purpose of the Intellectual Property Leadership Management Support System (IPLMSS) is to provide automated support to USPTO internal and external users for the timely search and retrieval of electronic text and images concerning Patent Practitioners, Patent Appeals Board cases and Trademark Trial and Appeals Board information by dissemination.

(b) a description of a typical transaction conducted on the system

Timely search and retrieval of electronic text and images concerning Patent Practitioners, Patent Appeals Board cases and Trademark Trial and Appeals Board information by dissemination.

(c) any information sharing conducted by the system

None.

(d) a citation of the legal authority to collect PII and/or BII

USC statutory code 35 U.S.C. Section 122

(e) the Federal Information Processing Standard (FIPS) 199 security impact category for the system:

Moderate

Section 1: Status of the Information System

1.1 Indicate whether the information system is a new or existing system.

- This is a new information system.
- This is an existing information system with changes that create new privacy risks. *(Check all that apply.)*
- This is an existing information system in which changes do not create new privacy risks. *Continue to answer questions, and complete certification.*

Changes That Create New Privacy Risks (CTCNPR)					
a. Conversions	<input type="checkbox"/>	d. Significant Merging	<input type="checkbox"/>	g. New Interagency Uses	<input type="checkbox"/>
b. Anonymous to Non-Anonymous	<input type="checkbox"/>	e. New Public Access	<input type="checkbox"/>	h. Internal Flow or Collection	<input type="checkbox"/>
c. Significant System Management Changes	<input type="checkbox"/>	f. Commercial Sources	<input type="checkbox"/>	i. Alteration in Character of Data	<input type="checkbox"/>
j. Other changes that create new privacy risks (specify):					

Section 2: Information in the System

2.1 Indicate what personally identifiable information (PII)/business identifiable information (BII) is collected, maintained, or disseminated. *(Check all that apply.)*

Identifying Numbers (IN)					
a. Social Security*	<input type="checkbox"/>	e. File/Case ID	<input type="checkbox"/>	i. Credit Card	<input type="checkbox"/>
b. Taxpayer ID	<input type="checkbox"/>	f. Driver's License	<input type="checkbox"/>	j. Financial Account	<input type="checkbox"/>
c. Employer ID	<input type="checkbox"/>	g. Passport	<input type="checkbox"/>	k. Financial Transaction	<input type="checkbox"/>
d. Employee ID	<input checked="" type="checkbox"/>	h. Alien Registration	<input type="checkbox"/>	l. Vehicle Identifier	<input type="checkbox"/>
m. Other identifying numbers (specify):					
*Explanation for the need to collect, maintain, or disseminate the Social Security number, including truncated form:					
*If SSNs are collected, stored, or processed by the system, please explain if there is a way to avoid such collection in the future and how this could be accomplished:					

General Personal Data (GPD)					
a. Name	<input checked="" type="checkbox"/>	g. Date of Birth	<input checked="" type="checkbox"/>	m. Religion	<input type="checkbox"/>
b. Maiden Name	<input type="checkbox"/>	h. Place of Birth	<input checked="" type="checkbox"/>	n. Financial Information	<input type="checkbox"/>
c. Alias	<input type="checkbox"/>	i. Home Address	<input checked="" type="checkbox"/>	o. Medical Information	<input type="checkbox"/>
d. Gender	<input type="checkbox"/>	j. Telephone Number	<input checked="" type="checkbox"/>	p. Military Service	<input type="checkbox"/>
e. Age	<input type="checkbox"/>	k. Email Address	<input checked="" type="checkbox"/>	q. Physical Characteristics	<input type="checkbox"/>
f. Race/Ethnicity	<input type="checkbox"/>	l. Education	<input type="checkbox"/>	r. Mother's Maiden Name	<input type="checkbox"/>
s. Other general personal data (specify):					

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Work-Related Data (WRD)					
a. Occupation	<input type="checkbox"/>	d. Telephone Number	<input type="checkbox"/>	g. Salary	<input checked="" type="checkbox"/>
b. Job Title	<input type="checkbox"/>	e. Email Address	<input type="checkbox"/>	h. Work History	<input checked="" type="checkbox"/>
c. Work Address	<input checked="" type="checkbox"/>	f. Business Associates	<input type="checkbox"/>		
i. Other work-related data (specify):					

Distinguishing Features/Biometrics (DFB)					
a. Fingerprints	<input type="checkbox"/>	d. Photographs	<input type="checkbox"/>	g. DNA Profiles	<input type="checkbox"/>
b. Palm Prints	<input type="checkbox"/>	e. Scars, Marks, Tattoos	<input type="checkbox"/>	h. Retina/Iris Scans	<input type="checkbox"/>
c. Voice Recording/Signatures	<input type="checkbox"/>	f. Vascular Scan	<input type="checkbox"/>	i. Dental Profile	<input type="checkbox"/>
j. Other distinguishing features/biometrics (specify): N/A					

System Administration/Audit Data (SAAD)					
a. User ID	<input checked="" type="checkbox"/>	c. Date/Time of Access	<input checked="" type="checkbox"/>	e. ID Files Accessed	<input type="checkbox"/>
b. IP Address	<input checked="" type="checkbox"/>	d. Queries Run	<input checked="" type="checkbox"/>	f. Contents of Files	<input type="checkbox"/>
g. Other system administration/audit data (specify):					

Other Information (specify)

2.2 Indicate sources of the PII/BII in the system. (Check all that apply.)

Directly from Individual about Whom the Information Pertains					
In Person	<input type="checkbox"/>	Hard Copy: Mail/Fax	<input type="checkbox"/>	Online	<input checked="" type="checkbox"/>
Telephone	<input type="checkbox"/>	Email	<input type="checkbox"/>		
Other (specify):					

Government Sources					
Within the Bureau	<input checked="" type="checkbox"/>	Other DOC Bureaus	<input type="checkbox"/>	Other Federal Agencies	<input type="checkbox"/>
State, Local, Tribal	<input type="checkbox"/>	Foreign	<input type="checkbox"/>		
Other (specify):					

Non-government Sources					
Public Organizations	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	Commercial Data Brokers	<input type="checkbox"/>
Third Party Website or Application			<input type="checkbox"/>		
Other (specify):					

- 2.3 Indicate the technologies used that contain PII/BII in ways that have not been previously deployed. *(Check all that apply.)*

Technologies Used Containing PII/BII Not Previously Deployed (TUCPBNPD)			
Smart Cards	<input type="checkbox"/>	Biometrics	<input type="checkbox"/>
Caller-ID	<input type="checkbox"/>	Personal Identity Verification (PIV) Cards	<input type="checkbox"/>
Other (specify):			

<input checked="" type="checkbox"/>	There are not any technologies used that contain PII/BII in ways that have not been previously deployed.
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Section 3: System Supported Activities

- 3.1 Indicate IT system supported activities which raise privacy risks/concerns. *(Check all that apply.)*

Activities			
Audio recordings	<input type="checkbox"/>	Building entry readers	<input type="checkbox"/>
Video surveillance	<input type="checkbox"/>	Electronic purchase transactions	<input type="checkbox"/>
Other (specify):			

<input checked="" type="checkbox"/>	There are not any IT system supported activities which raise privacy risks/concerns.
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Section 4: Purpose of the System

- 4.1 Indicate why the PII/BII in the IT system is being collected, maintained, or disseminated. *(Check all that apply.)*

Purpose			
To determine eligibility	<input type="checkbox"/>	For administering human resources programs	<input type="checkbox"/>
For administrative matters	<input checked="" type="checkbox"/>	To promote information sharing initiatives	<input type="checkbox"/>
For litigation	<input type="checkbox"/>	For criminal law enforcement activities	<input type="checkbox"/>
For civil enforcement activities	<input type="checkbox"/>	For intelligence activities	<input type="checkbox"/>
To improve Federal services online	<input type="checkbox"/>	For employee or customer satisfaction	<input type="checkbox"/>
For web measurement and customization technologies (single-session)	<input type="checkbox"/>	For web measurement and customization technologies (multi-session)	<input type="checkbox"/>
Other (specify): The USPTO is responsible for regulating and managing the listing of attorneys and agents as it pertains to practicing before the USPTO.			

Section 5: Use of the Information

- 5.1 In the context of functional areas (business processes, missions, operations, etc.) supported by the IT system, describe how the PII/BII that is collected, maintained, or disseminated will be used. Indicate if the PII/BII identified in Section 2.1 of this document is in reference to a federal employee/contractor, member of the public, foreign national, visitor or other (specify).

The information is used to render decisions in accordance with Administrative Patent Law, regulate discipline and communicate, as necessary, with attorneys and agents who are registered to represent applicants for Patent protection.

Section 6: Information Sharing and Access

- 6.1 Indicate with whom the bureau intends to share the PII/BII in the IT system and how the PII/BII will be shared. *(Check all that apply.)*

Recipient	How Information will be Shared		
	Case-by-Case	Bulk Transfer	Direct Access
Within the bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOC bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State, local, tribal gov't agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign governments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign entities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The PII/BII in the system will not be shared.

6.2 Indicate whether the IT system connects with or receives information from any other IT systems authorized to process PII and/or BII.

<input type="checkbox"/>	Yes, this IT system connects with or receives information from another IT system(s) authorized to process PII and/or BII. Provide the name of the IT system and describe the technical controls which prevent PII/BII leakage:
<input checked="" type="checkbox"/>	No, this IT system does not connect with or receive information from another IT system(s) authorized to process PII and/or BII.

6.3 Identify the class of users who will have access to the IT system and the PII/BII. (*Check all that apply.*)

Class of Users			
General Public	<input type="checkbox"/>	Government Employees	<input checked="" type="checkbox"/>
Contractors	<input type="checkbox"/>		
Other (specify):			

Section 7: Notice and Consent

7.1 Indicate whether individuals will be notified if their PII/BII is collected, maintained, or disseminated by the system. (*Check all that apply.*)

<input checked="" type="checkbox"/>	Yes, notice is provided pursuant to a system of records notice published in the Federal Register and discussed in Section 9.	
<input checked="" type="checkbox"/>	Yes, notice is provided by a Privacy Act statement and/or privacy policy. The Privacy Act statement and/or privacy policy can be found at: https://www.uspto.gov/privacy-policy	
<input type="checkbox"/>	Yes, notice is provided by other means.	Specify how:
<input type="checkbox"/>	No, notice is not provided.	Specify why not: PII is entered by users.

7.2 Indicate whether and how individuals have an opportunity to decline to provide PII/BII.

<input checked="" type="checkbox"/>	Yes, individuals have an opportunity to decline to provide PII/BII.	Specify how: Individuals are provided a privacy act statement at the time when they are completing an application to register. Privacy Act Statement is listed on the form that the user is required to complete, at which time they may opt to decline to provide information (https://www.uspto.gov/sites/default/files/PTO158_Application_for_Registration.pdf) However, individuals must submit the required information in order to have requests for intellectual property protection processed. Similarly, an agent or attorney who wishes to practice before the USPTO must comply in full with the request for registration information.
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<input type="checkbox"/>	No, individuals do not have an opportunity to decline to provide PII/BII.	Specify why not:
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7.3 Indicate whether and how individuals have an opportunity to consent to particular uses of their PII/BII.

<input checked="" type="checkbox"/>	Yes, individuals have an opportunity to consent to particular uses of their PII/BII.	Specify how: Information is provided on a voluntary basis and required information in order to have requests for intellectual property protection processed.
<input type="checkbox"/>	No, individuals do not have an opportunity to consent to particular uses of their PII/BII.	Specify why not:

7.4 Indicate whether and how individuals have an opportunity to review/update PII/BII pertaining to them.

<input checked="" type="checkbox"/>	Yes, individuals have an opportunity to review/update PII/BII pertaining to them.	Specify how: Users have access to their user profiles in order to update information as needed: https://oedci.uspto.gov/OEDCI/SignInServlet
<input type="checkbox"/>	No, individuals do not have an opportunity to review/update PII/BII pertaining to them.	Specify why not: Information is used by users only.

Section 8: Administrative and Technological Controls

8.1 Indicate the administrative and technological controls for the system. (*Check all that apply.*)

<input type="checkbox"/>	All users signed a confidentiality agreement or non-disclosure agreement.
<input type="checkbox"/>	All users are subject to a Code of Conduct that includes the requirement for confidentiality.
<input checked="" type="checkbox"/>	Staff (employees and contractors) received training on privacy and confidentiality policies and practices.
<input checked="" type="checkbox"/>	Access to the PII/BII is restricted to authorized personnel only.
<input checked="" type="checkbox"/>	Access to the PII/BII is being monitored, tracked, or recorded. Explanation: The IPLMSS system has implemented logging, auditing, and monitoring tools to track access to PII/BII.
<input checked="" type="checkbox"/>	The information is secured in accordance with FISMA requirements. Provide date of most recent Assessment and Authorization (A&A): 8/22/2016 <input type="checkbox"/> This is a new system. The A&A date will be provided when the A&A package is approved.
<input checked="" type="checkbox"/>	The Federal Information Processing Standard (FIPS) 199 security impact category for this system is a moderate or higher.
<input checked="" type="checkbox"/>	NIST Special Publication (SP) 800-122 and NIST SP 800-53 Revision 4 Appendix J recommended security controls for protecting PII/BII are in place and functioning as intended; or have an approved Plan of Action and Milestones (POAM).
<input checked="" type="checkbox"/>	Contractors that have access to the system are subject to information security provisions in their contracts required by DOC policy.
<input type="checkbox"/>	Contracts with customers establish ownership rights over data including PII/BII.
<input type="checkbox"/>	Acceptance of liability for exposure of PII/BII is clearly defined in agreements with customers.
<input type="checkbox"/>	Other (specify):

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8.2 Provide a general description of the technologies used to protect PII/BII on the IT system.

	<p>Personally identifiable information in IPLMSS is secured using appropriate administrative, physical, and technical safeguards in accordance with the applicable federal laws, Executive Orders, directives, policies, regulations, and standards.</p> <p>All access has role based restrictions, and individuals with access privileges have undergone vetting and suitability screening. Data is maintained in areas accessible only to authorize personnel. The USPTO maintains an audit trail and performs random periodic reviews to identify unauthorized access.</p> <p>Additionally, IPLMSS is secured by various USPTO infrastructure components, including the Network and Security Infrastructure (NSI) system and other OCIO established technical controls to include password authentication at the server and database levels.</p>
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Section 9: Privacy Act

9.1 Indicate whether a system of records is being created under the Privacy Act, 5 U.S.C.

§ 552a. *(A new system of records notice (SORN) is required if the system is not covered by an existing SORN).*

As per the Privacy Act of 1974, "the term 'system of records' means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual."

<input checked="" type="checkbox"/>	<p>Yes, this system is covered by an existing system of records notice (SORN). Provide the SORN name and number (<i>list all that apply</i>):</p> <p>COMMERCE/PAT-TM 1: Attorneys and Agents Registered to Practice Before the Office.</p> <p>COMMERCE/PAT-TM 2: Complaints, Investigations and Disciplinary Proceedings Relating to Registered Patent Attorneys and Agents.</p> <p>COMMERCE/PAT-TM 5: Non-Registered Persons Rendering Assistance to Patent Applicants.</p> <p>COMMERCE/PAT-TM 6: Parties Involved in Patent Interference Proceedings.</p>
<input type="checkbox"/>	Yes, a SORN has been submitted to the Department for approval on <u>(date)</u> .
<input type="checkbox"/>	No, a SORN is not being created.

Section 10: Retention of Information

10.1 Indicate whether these records are covered by an approved records control schedule and monitored for compliance. *(Check all that apply.)*

<input checked="" type="checkbox"/>	There is an approved record control schedule. Provide the name of the record control schedule: Enrollment Examination: N1-241-09-1:b4.1 Enrollment and Discipline Application and Roster Maintenance Files: N1-241-09-1:b4.2 Subject Files Related To Enrollment and Discipline: N1-241-09-1:b4.3 Enrollment Examination Answer Sheets – Unsuccessful Applicants: N1-241-09-1:b4.4 Administrative Law Files, Office of Enrollment and Discipline Appeal Case Files: N1-241-09-1:b4.5 Enrollment Examination Answer Sheets – Successful Applicants: N1-241-09-1:b4.6 Enrollment and Discipline Roster of Attorney’s and Agents Registered to Practice Before the USPTO: N1-241-09-1:b4.7 Director’s OED Decision Files: N1-241-09-1:b4.8
<input type="checkbox"/>	No, there is not an approved record control schedule. Provide the stage in which the project is in developing and submitting a records control schedule:
<input checked="" type="checkbox"/>	Yes, retention is monitored for compliance to the schedule.
<input type="checkbox"/>	No, retention is not monitored for compliance to the schedule. Provide explanation:

10.2 Indicate the disposal method of the PII/BII. *(Check all that apply.)*

Disposal			
Shredding	<input checked="" type="checkbox"/>	Overwriting	<input type="checkbox"/>
Degaussing	<input checked="" type="checkbox"/>	Deleting	<input type="checkbox"/>
Other (specify):			

Section 11: NIST Special Publication 800-122 PII Confidentiality Impact Levels

11.1 Indicate the potential impact that could result to the subject individuals and/or the organization if PII were inappropriately accessed, used, or disclosed.

<input type="checkbox"/>	Low – the loss of confidentiality, integrity, or availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.
<input checked="" type="checkbox"/>	Moderate – the loss of confidentiality, integrity, or availability could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals.
<input type="checkbox"/>	High – the loss of confidentiality, integrity, or availability could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals.

11.2 Indicate which factors were used to determine the above PII confidentiality impact levels.
(Check all that apply.)

<input checked="" type="checkbox"/>	Identifiability	Provide explanation: Name, home/business address, email address, date of birth, place of birth, telephone number.
<input type="checkbox"/>	Quantity of PII	Provide explanation:
<input type="checkbox"/>	Data Field Sensitivity	Provide explanation:
<input checked="" type="checkbox"/>	Context of Use	Provide explanation: PII is collected in order for attorneys and agents with licenses to practice before the US Patent and Trademark Office.
<input checked="" type="checkbox"/>	Obligation to Protect Confidentiality	Provide explanation: Based on the data collected USPTO must protect the PII of each individual in accordance to the Privacy Act of 1974.
<input checked="" type="checkbox"/>	Access to and Location of PII	Provide explanation: Due to obtaining PII, necessary measures must be taken to ensure the confidentiality of information during processing, storing and transmission.
<input type="checkbox"/>	Other:	Provide explanation:

Section 12: Analysis

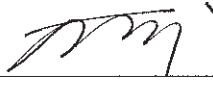


12.1 Indicate whether the conduct of this PIA results in any required business process changes.

<input type="checkbox"/>	Yes, the conduct of this PIA results in required business process changes. Explanation:
<input checked="" type="checkbox"/>	No, the conduct of this PIA does not result in any required business process changes.

12.2 Indicate whether the conduct of this PIA results in any required technology changes.

<input type="checkbox"/>	Yes, the conduct of this PIA results in required technology changes. Explanation:
<input checked="" type="checkbox"/>	No, the conduct of this PIA does not result in any required technology changes.

USPTO Points of Contact and Signatures

<p>System Owner</p> <p>Name: Dawei Jiang Office: Patent Search Intake Systems Branch Phone: 571-272-8954 Email: Dawei.Jiang@uspto.gov</p> <p>I certify that this PIA is an accurate representation of the security controls in place to protect PII/BII processed on this IT system.</p> <p>Signature: </p> <p>Date signed: <u>4/10/2017</u></p>	<p>Senior Information Security Officer</p> <p>Name: Rami Dillon Office: Office of the Chief Information Officer (OCIO) Phone: (571) 272-8233 Email: Rami.Dillon@uspto.gov</p> <p>I certify that this PIA is an accurate representation of the security controls in place to protect PII/BII processed on this IT system.</p> <p>Signature: </p> <p>Date signed: <u>4/10/17</u></p>
<p>Bureau Chief Privacy Officer and Authorizing Official</p> <p>Name: John B. Owens II Office: Office of the Chief Information Officer (OCIO) Phone: (571) 272-9400 Email: John.Owens@uspto.gov</p> <p>I certify that the PII/BII processed in this IT system is necessary, this PIA ensures compliance with DOC policy to protect privacy, and the Bureau/OU Privacy Act Officer concurs with the SORNs and authorities cited.</p> <p>Signature: </p> <p>Date signed: <u>4/13/17</u></p>	<p>Co-Authorizing Official or Authorizing Official Designated Representative (if applicable)</p> <p>Name: N/A Office: N/A Phone: N/A Email: N/A</p> <p>I certify that this PIA is an accurate representation of the security controls in place to protect PII/BII processed on this IT system.</p> <p>Signature: _____</p> <p>Date signed: _____</p>

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