

## FORM 3 (AGENCY REPORT) (Due on or before July 31, 2022)

|                                |  |                   |                |
|--------------------------------|--|-------------------|----------------|
| <b>Agency:</b>                 | Department for the Aging   |                   |                |
| <b>Agency Privacy Officer:</b> | Penney Vachirapapun  |                   |                |
| <b>Email:</b>                  | <a href="mailto:pvachirapapun@aging.nyc.gov">pvachirapapun@aging.nyc.gov</a> | <b>Telephone:</b> | (212) 602-4286 |
| <b>Date of Report:</b>         | 7/29/2022  |                   |                |

| 1. Specify the type of identifying information collected or disclosed (check all that apply):   |  |
|---|--|
| <input checked="" type="checkbox"/> Name<br><input checked="" type="checkbox"/> Social security number (full or last 4 digits)*<br><input checked="" type="checkbox"/> Taxpayer ID number (full or last 4 digits)*  | <p><b><u>Work-Related Information</u></b></p> <input checked="" type="checkbox"/> Employer information<br><input checked="" type="checkbox"/> Employment address   |
| <p><b><u>Biometric Information</u></b></p> <input checked="" type="checkbox"/> Fingerprints<br><input checked="" type="checkbox"/> Photographs<br><input checked="" type="checkbox"/> Palm and handprints*<br><input type="checkbox"/> Retina and iris patterns*<br><input type="checkbox"/> Facial geometry*<br><input type="checkbox"/> Gait or movement patterns*<br><input type="checkbox"/> Voiceprints*<br><input type="checkbox"/> DNA sequences*  | <p><b><u>Government Program Information</u></b></p> <input checked="" type="checkbox"/> Any scheduled appointments with any employee, contractor, or subcontractor<br><input checked="" type="checkbox"/> Any scheduled court appearances<br><input checked="" type="checkbox"/> Eligibility for or receipt of public assistance or City services<br><input checked="" type="checkbox"/> Income tax information<br><input checked="" type="checkbox"/> Motor vehicle information                 |
| <p><b><u>Contact Information</u></b></p> <input checked="" type="checkbox"/> Current and/or previous home addresses<br><input checked="" type="checkbox"/> Email address<br><input checked="" type="checkbox"/> Phone number  | <p><b><u>Law Enforcement Information</u></b></p> <input checked="" type="checkbox"/> Arrest record or criminal conviction<br><input checked="" type="checkbox"/> Date and/or time of release from custody of ACS, DOC, or NYPD<br><input type="checkbox"/> Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD  |
| <p><b><u>Demographic Information</u></b></p> <input checked="" type="checkbox"/> Country of origin<br><input checked="" type="checkbox"/> Date of birth*<br><input checked="" type="checkbox"/> Gender identity<br><input checked="" type="checkbox"/> Languages spoken<br><input checked="" type="checkbox"/> Marital or partnership status<br><input checked="" type="checkbox"/> Nationality<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Religion<br><input checked="" type="checkbox"/> Sexual orientation | <p><b><u>Technology-Related Information</u></b></p> <input checked="" type="checkbox"/> Device identifier including media access control MAC address or Internet mobile equipment identity (IMEI)*<br><input checked="" type="checkbox"/> GPS-based location obtained or derived from a device that can be used to track or locate an individual*<br><input checked="" type="checkbox"/> Internet protocol (IP) address*<br><input checked="" type="checkbox"/> Social media account information |
| <p><b><u>Other Types of Identifying Information</u></b> (list below):<br/>           Health Insurance identification numbers</p>  |  |
| <p>*Type of identifying information designated by the CPO (see CPO Policies &amp; Protocols § 3.1.1).</p>   |  |

**2. Explain why the collection and retention of identifying information described in Question 1 furthers the purpose or mission of your agency.**

DFTA's mission is to eliminate ageism and ensure the dignity and quality of life of New York City's older adults; we also work to support caregivers through service, advocacy and education. The collection and retention of identifying information is a necessary part of the Agency's administration, operation and provision of services, which includes assessing eligibility for services, determining appropriate service level needs, and advocating for additional service needs for the older adults who utilize DFTA's services.

N.Y.C. Admin. Code §23-1205(a)(1)(f)

**3. Describe the following types of collections and disclosures: (1) pre-approved as routine, (2) pre-approved as routine by the APOs of two or more agencies, or (3) approved by the APO on a case-by-case basis. Appendix B of the Agency Guidance on the 2022 Biennial Compliance Process includes examples of routine and non-routine collections and disclosures.**

**Add additional rows as needed.**

| Describe the Collection or Disclosure   | Classification Type  |
|---|--|
| <p><b>Program Units</b></p> <ol style="list-style-type: none"> <li>Bureau of Community Services: Congregate Services, Home Delivered Meals, Naturally Occurring Retirement Communities, Health Promotions, Transportation</li> <li>Bureau of Direct Services: Foster Grandparent Program, Grandparent Resource Center, Health Insurance Information Counseling and Assistance Program, Senior Employment / ReServe, Silver Stars</li> <li>Bureau of Social Services: Caregivers, Case Management, Friendly Visiting, Home Care, Home Sharing, Friendly Visiting, Elder Abuse, Elderly Crime Victim Resource Center, Bill Payer, Social Adult Day Services</li> <li>Health Clinical Service Program: Geriatric Mental Health</li> <li>Office of Public and Private Partnerships: DFTA My Ride</li> <li>Aging Connect: Volunteer Resources, Contact Center, Senior Farmer’s Market</li> </ol> | <input checked="" type="checkbox"/> Pre-approved as routine<br><input type="checkbox"/> Approve as routine by two or more agencies<br><input type="checkbox"/> Approved by APO on a case-by-case basis |
| <p><b>Administrative &amp; Planning Units</b></p> <ol style="list-style-type: none"> <li>Office of Human Resources</li> <li>Equal Employment Opportunity Office of Procurement</li> <li>Bureau of Planning, Research, Evaluation and Training</li> <li>Office of the General Counsel</li> <li>Bureau of Financial Services: Social Adult Daycare Ombuds Office</li> <li>Office of Information Technology</li> <li>Office of Emergency Preparedness and Response</li> <li>Office of General and Administration Services</li> </ol>   | <input checked="" type="checkbox"/> Pre-approved as routine<br><input type="checkbox"/> Approve as routine by two or more agencies<br><input type="checkbox"/> Approved by APO on a case-by-case basis |

N.Y.C. Admin. Code §23-1205(a)(1)(b)

**4. If applicable, describe the types of collections and disclosures of identifying information involving your agency that have been approved by the Chief Privacy Officer as being in the best interests of the City.**

**Add additional rows as needed.**

| Describe Type of Collection or Disclosure |
|---|
| N/A                                       |

N.Y.C. Admin. Code §23-1202(b)(2)(b); 23-1205(a)(1)(b)

**5. Describe the agency’s current policies regarding requests for disclosures from other City agencies, local public authorities or local public benefit corporations, and third parties. Be as specific as possible.**

**NOTE: For questions 5 – 11, refer as necessary to the Model Citywide Protocol for Handling Third Party Requests for Information Held by City Agencies (on file with the Office of Information Privacy) and the Identifying Information Rider.**

DFTA adheres to various applicable policies and legal requirements that cover the requests for disclosure, including but not limited to applicable local, state and federal laws, regulations and guidance issued by our funding sources and oversights, internal employee policies related to confidentiality and authorized access to information, standard Citywide human service contractual provisions, as well as City-issued policies such as the Model Protocols for Handling Third-Party Requests for Information Held by City Agencies.

|   |  |
|---|--|
| 6. Do the above policies address access to or use of identifying information by employees, contractors, and subcontractors?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 7. If YES, do those policies specify that access to identifying information must be necessary to perform their duties?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. Describe whether the policies are implemented in a manner that minimizes access to the greatest extent possible while furthering the purpose or mission of the agency. | DFTA strives to implement policies that minimize access to identifying information to the greatest extent possible, while allowing for the furtherance of the Agency's mission, purpose and business operations. |

N.Y.C. Admin. Code §§23-1205(a)(1)(c)(1), and (4)

|   |
|---|
| 9. Describe the agency's current policies for handling proposals for disclosures of identifying information to other City agencies, local public authorities or local public benefit corporations, and third parties. Be as specific as possible.   |
| <p>Please refer to the response provided in Section 5 above.</p> <p>DFTA reviews proposals and requests for disclosures to determine whether the requests are permissible and further the purpose and mission of the Agency, including whether there are any impacts to the Agency that need to be weighed against disclosure. The General Counsel's Office is consulted when non-routine requests for identifying information are received, including matters concerning privacy and confidentiality; minimizing access to the extent possible while achieving the Agency's purpose and mission is always the goal.</p> <p>Agency staff are also aware of and will follow, when applicable, the Citywide Privacy Protection Policies and Protocols issued in February 2021.</p> <p>The Agency may also utilize other tools, such as consent forms, interagency Memoranda of Understanding (MOUs), data sharing agreements and File Transfer Protocols to facilitate proper controls on when disclosure is permitted.</p> |

N.Y.C. Admin. Code §23-1205(a)(1)(c)(2)

|  |
|--|
| 10. Describe the agency's current policies regarding the classification of disclosures as necessitated by the existence of exigent circumstances or as routine. Be as specific as possible.  |
| <p>In compliance with the policies described in Sections 5 and 9 above, as well as relevant rules/regulations, executive and senior-level DFTA staff work in coordination with the APO/General Counsel regarding the classification of disclosures as either routine or necessitated by exigent circumstances.</p> |

N.Y.C. Admin. Code §23-1205(a)(1)(c)(3)

**11. Describe the agency's current policies regarding which divisions and categories of employees have been approved by the agency privacy officer to disclose identifying information. Be as specific as possible.**

The Agency's executive and senior staff, consisting of employees who generally have policy-making authority, are those who would make disclosures following approval from the APO.

N.Y.C. Admin. Code §23-1205(a)(1)(c)(4)

**12. Describe whether the agency has considered or implemented, where applicable, any alternative policies since 2020 that minimize the collection, retention, and disclosure of identifying information to the greatest extent possible while furthering the agency's purpose or mission.**

The Agency has not implemented any such alternative policies, but will continue to work with the Mayor's Office of Information Privacy, Law Department and our oversights to determine where we can minimize access to the extent possible, without compromising Agency operations.

N.Y.C. Admin. Code §23-1205(a)(4)

**13. Describe the agency's use of agreements for any use or disclosure of identifying information.**

DFTA's current practices include the use of written agreements (e.g., MOUs, data sharing agreements, consent forms) when considering the collection and disclosure of identifying information.

N.Y.C. Admin. Code §23-1205(a)(1)(d)

**14. Using the table below, describe the types of entities requesting the disclosure of identifying information or proposals for disclosures of identifying information. For each entity, describe (1) why the agency discloses identifying information to the entity, and (2) why any disclosures further the purpose or mission of the agency.**

**Add additional rows as needed.**

| Type of Entity  | Description of Reason for Disclosure  | Description of how disclosure furthers the agency's purpose or mission  |
|---|---|---|
| Regulatory/Oversight Funding Governmental Agencies (City, State, Federal) | Disclosures required for assessment for Agency's performance, compliance and reporting; procurement and contract processing | Required for the administration of DFTA's programs and services   |
| Government agencies (City, State, Federal), Bank/Mortgage Lenders         | Employment verification, mandated reporting   | Processing of personnel actions and other related matters by DFTA's Office of Human Resources                       |
| Office of Emergency Management  | Emergency preparedness  | Coordination of emergency efforts across agencies to identify vulnerable populations in advance of emergency events |
| Other City Agencies, Research Institutions                                | Data analysis and/or matching for services/benefits   | Efforts to identify older adults within DFTA's network who may be eligible for additional benefits and services     |
| Non-Profit Organizations, Government Entities (Local, State, Federal)     | Referral for services and benefits  | Clients are referred to other entities for additional services or benefits  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

N.Y.C. Admin. Code §23-1205(a)(1)(e)

*- Proceed to Next Question on Following Page -*



**15. Describe the impact of the Identifying Information Law and other local, state, or federal laws upon your agency's practices in relation to collecting, retaining, and disclosing identifying information (i.e., if such practices would differ in the absence of these laws).**

As the Identifying Information Law continues to be implemented across the City, DFTA expects that training and resources will continue to be available through the Mayor's Office of Information Privacy to facilitate instruction and guidance across the ever-changing landscape. DFTA has been working on an agencywide effort to formalize internal agency policies, including a policy on the steps staff should take in the event of an unauthorized disclosure or breach of identifying information, which has been informed by the requirements of the Identifying Information Law.

N.Y.C. Admin. Code §23-1205(a)(2)

**16. Describe the impact of the privacy policies and protocols issued by the Chief Privacy Officer, or by the Citywide Privacy Protection Committee, as applicable, upon your agency's practices in relation to collecting, retaining, and disclosing identifying information (i.e., if they have affected such practices).**

Please see Section 15 above; we have incorporated relevant policies and protocols in our own internal agency policy.

N.Y.C. Admin. Code §23-1205(a)(3)

**APPROVAL SIGNATURE FOR AGENCY REPORT**

**Preparer of Agency Report:**

|               |  |               |                |
|---------------|--|---------------|----------------|
| <b>Name:</b>  | Penney Vachirapapun  |               |                |
| <b>Title:</b> | General Counsel / Agency Privacy Officer                                     |               |                |
| <b>Email:</b> | <a href="mailto:pvachirapapun@aging.nyc.gov">pvachirapapun@aging.nyc.gov</a> | <b>Phone:</b> | (212) 602-4286 |

**ELECTRONIC SIGNATURE OF AGENCY HEAD OR DESIGNEE REQUIRED BELOW**

**Agency Head (or designee):**

|                              |  |               |           |
|------------------------------|--|---------------|-----------|
| <b>Name:</b>                 | Lorraine Cortés-Vázquez  |               |           |
| <b>Title:</b>                | Commissioner   |               |           |
| <b>Email:</b>                | <a href="mailto:lcvarez@aging.nyc.gov">lcvarez@aging.nyc.gov</a> | <b>Phone:</b> |           |
| <b>Electronic Signature:</b> | <i>Lorraine Cortes-Vazquez</i>                                   | <b>Date:</b>  | 7/28/2022 |

— End of Document —