Data Privacy Act (RA 10173) Checklist

Signs of Compliance, Commitment to Comply, Capacity to Comply vs. Signs of Negligence

Pillar 1: Commit to Comply: Appoint a Data Protection Officer (DPO)

Sec. 21 of the DPA, Section 50 of the 50, Circular 16-01, and Advisory 17-01

| Appoint an individual accountable for compliance | Ineffective data protection governance |
|--|---|
| ☐ Notarized designation of a DPO/COP, filed with the NPC | ☐ No DPO or COP (in which case CEO or HoA is the default DPO) |
| ☐ Evidence that DPO/COP recommendations are taken into | ☐ Lack of interaction between DPO/COP and top management |
| consideration when making decisions | ☐ Lack of interaction between DPO/COP and functional units |
| ☐ Contact details are easy to find (e.g. on website) | ☐ Communication from the DPO/COP is largely ignored |
| ☐ Continuing education program for the DPO/COP | ☐ No continuing education program for the DPO/COP |

Pillar 2: Know Your Risks: Conduct a Privacy Impact Assessment (PIA)

Sec. 20(c) of the DPA, Section 29 of the IRR, Advisory 17-03

| Know the risks represented by the processing to the rights and freedoms of data subjects | Data processing controls do not take into account the risks to the rights and freedoms of data subjects |
|--|--|
| □ Up-to-date organizational inventory of processes that handle personal data, including the list of process owners □ PIAs have been conducted, and are owned and kept up-to-date by the process owner □ Stakeholders (those involved in the information life cycle) have been consulted as part of the PIA process □ PIA includes a privacy risk map, a list of controls, an implementation plan, and a monitoring/evaluation milestone | □ No PIAs □ Process owners do not "own" the PIAs □ PIAs are not updated when changes are made to the process or to the technologies being used in the process\ □ Stakeholders are not consulted for the PIA □ Controls identified during the PIA are not implemented |

Pillar 3: Write Your Plan: Create Your Privacy Management Program (PMP)

Sec. 11-15 of the DPA, Sections 21-23 and 43-45 of the IRR, Circulars 16-01 and 16-02

| Processing of data is according to privacy principles of transparency, | Data processing not according to privacy principles of transparency, |
|--|--|
| legitimate purpose, and proportionality | legitimate purpose, and proportionality |
| ☐ Personal data is processed as per Sections 12 and 13 of the DPA | ☐ Processing fails to meet the criteria for lawful processing of |
| ☐ Privacy principles are embedded into HR, Marketing, Operations, | personal data |
| Security, and IT policies, are cascaded throughout the organization, | □ No privacy policy |
| and are updated as needed | ☐ Privacy policy exists, but is not cascaded throughout the |
| ☐ Data handlers have security clearance and privacy training | organization |
| ☐ Privacy notices are posted where appropriate (e.g. on website) | ☐ No privacy training or security clearance for data handlers |
| ☐ Data sharing agreements are in place | ☐ Data is being shared without data sharing agreements |
| ☐ Tools in place to monitor compliance of the organization | ☐ No records of data processing |
| ☐ Records of data processing are maintained | |

Pillar 4: Be Accountable: Implement your Privacy and Data Protection (PDP) Measures

Sec. 16-18 and 38 of the DPA and Sections 17-24, 34-37 of the IRR and Circular 16-04

| Upholding the rights of data subjects | Neglecting the rights of data subjects |
|---|--|
| ☐ Data subjects are apprised of their rights through a privacy notice | ☐ No privacy notice when collecting personal data |
| ☐ Consent is obtained prior to the collection and processing of data | ☐ Consent is not obtained prior to the collection/processing of data |
| ☐ Data subjects are provided a means to access their data | ☐ No venue for data subjects to access their data |
| ☐ Data subjects are provided a venue to correct/rectify their data | ☐ No venue for data subjects to correct/rectify their data |
| ☐ Data subjects know who to complain to if their rights are violated | ☐ No contact details on how to lodge a complaint |
| ☐ Complaints are acted upon quickly (within 30 days) | ☐ Complaints take a long time to be remedied |
| ☐ These rights are upheld when invoked by the lawful heirs or | ☐ Inaction on complaints from data subjects |
| assigns of the data subject | ☐ Overcollection of personal data |

Sec. 20.a-e, 22 and 24 of the DPA, Sections 25-29 of the IRR, Circular 16-01

| Mainta | ining confidentiality, integrity, and availability | sufficient controls to maintain confidentiality, int | egrity, and availability |
|--------|--|--|--------------------------|
| | Data protection risks have been identified and documented | ☐ Controls for data protection are not appropr | riate for the risks |
| | Appropriate and up-to-date organizational, physical, and technical | identified | |
| | controls are in place to manage these risks (e.g ISO:IEC 27002) | ☐ Controls for data protection are not updated | d for new risks/threats |
| | Data protection policies are cascaded throughout the organization | ☐ Controls for data protection are not complied | ed with |
| | and updated as needed | ☐ Cyber-hygiene practices are lax | |
| | Vulnerability scanning is conducted at least once a year | ☐ Business continuity drill has not been condu | cted in the last 12 |
| | Business continuity drills are conducted at least once a year | months | |
| | For data stored outside the Philippines, location of foreign country | ☐ Security vulnerability scanning has not been | conducted in the last |
| | is defined | 12 months | |
| | For personal data stored in the cloud, NPC recommends that | | |
| | provider is ISO:IEC 27018 compliant (from Circular 16-01) | | |
| | For digitized personal data, NPC recommends 256-bit AES for data | | |
| | at rest and in transit (from Circular 16-01) | | |

Pillar 5: Be Prepared: Regularly exercise your Breach Reporting Procedures (BRP)

Sec. 20.f and 30 of the DPA, Sections 38-42 and 57 of the IRR, Circular 16-03

| Able to report breach within 72 hours | Unable/unwilling to report breach within 72 hours |
|---|---|
| ☐ Formation of a data breach response team with clearly defined | ☐ No breach response team |
| roles and responsibilities | ☐ No breach response policy or procedures |
| ☐ Clearly defined and up-to-date incident response procedure | ☐ Breach drill has not been conducted in the last 12 months |
| ☐ Breach drills are conducted at least once a year | ☐ No notification of the NPC within 72 hours of discovery of a breach |
| | of personal data (possible criminal offense) |

Pillar 6: Registration

Sec. 24 of the DPA, and Sections 33 and 46-49 of the IRR, Circular 17-01

| Register with the NPC | Non-registration with the NPC |
|---|--|
| ☐ Registration with the NPC is up-to-date and contains all necessary | ☐ No registration (must be renewed annually) |
| compliance documentation | ☐ Out-of-date registration (must be updated within three months of |
| ☐ Registration of all automated processing operations that have legal | any change) |
| effect on the data subject | ☐ Non-reporting to NPC of documented security incidents and |
| ☐ Annual report summarizing documented security incidents and | personal data breaches |
| personal data breaches | |
| ☐ Service providers are also registered | |

Sec. 14 of the DPA, Sections 43-45 of the IRR, Circular 17-01

| Service providers agree to honor their compliance obligations | Service providers in default of their compliance obligations |
|--|---|
| ☐ All service providers are contractually bound to comply with the | ☐ Service providers are not honoring their compliance obligations |
| DPA, the IRR, and NPC issuances | (includes registering with the NPC) |

For questions or comments on this checklist, please contact info@privacy.gov.ph (Version: 24 July 2017)