Application Name:

Data Owner:

Current System Owner:

Data/Information Types:

Point of Contact:

Each Question will require the following

- Comments

- Implementation Details

- Evidence

**1-1 Confidentiality, Integrity, Availability (CIA) Classification Questionnaire**

1. **Integrity Questions** 
   1. Medical Records [Does the information include medical records?]

Yes

No

* 1. Information Type [Is the information (e.g. security logs) relied upon to make critical security decisions.]

Yes

No

* 1. Unauthorized modification or destruction impact on health and safety [What impact does unauthorized modification or destruction of information have on health and safety?]

Severe Impact

Limited Impact

Minimal Impact

None

* 1. Unauthorized modification or destruction impact on financial information [What is the financial impact of unauthorized modification or destruction of information?]

Severe Impact

Limited Impact

Minimal Impact

None

* 1. Unauthorized Modification or destruction impact State Entity (SE) mission [What impact does unauthorized modification or destruction of information have on the State Entity (SE) mission?]

Severe Impact

Limited Impact

Minimal Impact

None

* 1. Unauthorized modification or destruction impact on public trust [What impact does unauthorized modification or destruction of information have on the public trust?]

Severe Impact

Limited Impact

Minimal Impact

None

* 1. Integrity addressed by law or regulation [Is integrity addressed by law or regulation? If yes, determine the impact of unauthorized modification or destruction of information.]

Yes – Severe Impact

Yes – Limited Impact

Yes – Minimal Impact

No

* 1. Information importance [Is the information (e.g., financial transactions, performance appraisals) relied upon to make business decisions? If yes, determine the impact of unauthorized modification or destruction of information.]

Yes – Severe Impact

Yes – Limited Impact

Yes – Minimal Impact, No