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## REQUEST FOR THE USE OF PHI OFFSITE

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This form serves as my request to use PHI offsite, and acknowledgment that I will maintain the security and confidentiality of PHI when taken offsite.

“As a member of UTMB’s workforce, I am requesting approval for the use of PHI offsite. I understand that the use of PHI offsite is limited to carrying out work in the course of my assigned work duties. I understand that I must maintain the confidentiality and security of any and all PHI used offsite in the course of carrying out my work.”

I am requesting approval for the use of the following PHI offsite: (Brief description of the type of PHI to be used.)

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The information is needed for: (Brief description of why you need to take the PHI offsite, include the date(s) the information is needed.)

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As a condition of using PHI offsite, I agree to comply with the following terms and conditions:

1. I will comply with all UTMB policies and procedures relating to the use and disclosure, and privacy and confidentiality of PHI. ([Refer to all IHOP policies in Section 6.2 Privacy Related](#))
2. When PHI is being transported offsite, I will protect the information from unauthorized disclosure. For example, I will keep the information in locked briefcase or transport it in my trunk.
3. I will store the PHI in a secure manner so no other individual(s) in the home will have access to the information.
4. I will encrypt any PHI stored on portable devices, including personal laptops or USB drives.
5. I will return all PHI to UTMB or, if the PHI is a convenience copy, I will shred the PHI using a cross-cut shredder.
6. I agree to not use PHI in any way that is detrimental to UTMB and will keep all such PHI confidential.
7. I will not disclose this PHI unless there is a need-to-know basis, such disclosure is permitted under UTMB policies and procedures, and is part of my job responsibility.
8. I will otherwise follow UTMB policies and procedures for use and disclosure of PHI.

I further understand that if I violate any of the above terms, I will be subject to disciplinary action, up to and including termination. Additionally, I may be subject to loss of access privileges and civil and/or criminal prosecution.

Printed Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Department: \_\_\_\_\_