utmb Health

REQUEST FOR THE USE OF PHI OFFSITE

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.)

_____

_____

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

_____

_____

_____

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: _____