



General Exception Request

DO NOT USE THIS FORM FOR TIMEOUT EXCEPTION REQUEST

For those requests, find custom forms at <http://compliance.uclahealth.org/body.cfm?id=70>

Instructions:

Submitter should complete the first two pages, then email form to the Office of Compliance Services – Information Security, InfoSecAll@mednet.ucla.edu

If all necessary information is not provided, the form will be returned to the submitter. Ask your CSC if you need assistance with the technical issues.

All questions should be directed to your CSC or the Office of Compliance Services – Information Security (310-794-8638) InfoSecAll@mednet.ucla.edu

Contact Information	
Submitter Name:	Submission Date:
Title:	Phone #:
Email :	Department:
IT Support Contact:	
Policy Statement for Which an Exception is Being Requested	
<input type="checkbox"/> All devices that are connected to a UCLA network, whether owned by UCLA or others shall be continually executing approved virus scanning software with current virus definitions.	
<input type="checkbox"/> UCLA Health shall run versions of operating systems and application software for which security patches are made available in a timely manner on network devices.	
<input type="checkbox"/> Wireless Access Points must comply with HS Policy No. 9457, “Minimum Security Standards” Appendix IV, “Wireless Communication Configuration Standard”	
<input type="checkbox"/> Host Based Firewall	
<input type="checkbox"/> Other (provide details)	

Describe in detail why your area is not currently in compliance on this issue. Include information on the processes / applications / systems and users involved.

How many systems and / or users are affected?

Describe in detail how the issue will be brought into compliance.

Can remediation be done in stages so higher risk issues can be resolved earlier? If so, please describe the stages and include a timeline.

What is the final completion date for the remediation?

Describe the type(s) of Information used.

IT Security Review		
Reviewer Name:	Date:	
Exception request approved?	Yes	No
Comments:		
IT Security Recommendations:		
Office of Compliance Services Review		
Reviewer Name:	Date:	
Exception request approved?	Yes	No
Comments:		
Leadership Review		
Reviewer Name:	Date:	
Exception request approved?	Yes	No
Comments:		