UCLA Health System

# PGP Laptop Encryption Exception Request

UCLA Medical Sciences
Information Security Office
924 Westwood Blvd, Suite #520
Los Angeles, CA 90095-7067

## Instructions:

- Requestors should complete the first 4 pages of this request form, then save the form and send it to their Computer Support Coordinator (CSC, the local IT support lead).
- If all sections are not completed, the form will be returned to you. Ask your CSC if you need some help with the technical issues.
- If you have any questions, please contact your CSC or the Information Security Office, (310) 794-8638

## Requestor Information

| | | | |
|---|---|---|---|
| **Name** | | **Date** | |
| **Phone** | | **Title** | |
| **Email** | | **Dept** | |

## Laptop Information

**Purpose of laptop**

**Explain why laptop cannot be encrypted with PGP**

**Describe the alternate methods that will be used to safeguard the data**

| | | |
|---|---|---|
| **Is the laptop UCLA owned?** | ◯ YES | ◯ NO |

| | | |
|---|---|---|
| **I agree to make my laptop available for inspection upon request** | ◯ YES | ◯ NO |

## Data Classification - ePHI

**ePHI**

**Electronic Protected Health Information (ePHI)** is any electronic information that is created or received by a health care provider that relates to the past, present, or future physical or mental health of an individual, and identifies the individual.

**ePHI is often found in:**

- Medical instrumentation controllers
- Clinical devices and workstations that run clinical applications
- Scheduling and billing systems
- Clinical databases
- Image analysis workstations
- Departmental file servers
- Clinical and research workstations
- Physician, clinical staff and administrator laptops

Please mark all the data elements stored on your device(s)

| | | |
|---|---|---|
| ☐ Name | ☐ Certificate License # | ☐ Street Address, City, State and Zipcode |
| ☐ FAX | ☐ Acccount # | ☐ Dates (birth, death, treatment, etc.) |
| ☐ Email | ☐ Device ID or Serial # | ☐ Biometric IDs, finger or voice prints |
| ☐ SSN | ☐ Vehicle (VIN) & Drivers License | ☐ Full-face photos or comparable images |
| ☐ Phone # | ☐ Web URL | ☐ Other unique ID, characteristic or code |
| ☐ Med. Rec # | ☐ IP Address | ☐ Health Plan Beneficiary # |

## Data Classification - Personal and Restricted Information

### PI

**Personal Information** defined for this California requirement is an individual's first name or first initial and last name, in combination with any one or more of the following:

*social security number
*driver's license number or California identification card number
*account number #, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account
*medical information, health insurance information

**PI is often found in:**

Financial and personnel databases and spreadsheets
Billing databases and documents
Research databases and spreadsheets
Student records
Recommendation letters for students
Radiation Safety documents
NSF grant applications
Be sure to check for old documents and databases that may still have SSNs.

Please mark all the data items stored on your device(s)

- ☐ Social Security #
- ☐ Driver's License # or California ID #
- ☐ Medical Information (any information regarding an individual's medical history, mental or physical condition, or medical treatment or diagnosis)
- ☐ Health Insurance Information (health insurance policy number or subscriber identification number, any unique identifier, or application and claims history information, including any appeals records)
- ☐ Account #, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account, medical information

### RI

**Restricted Information** (as defined by UC Policy IS-3, Electronic Information Security)
Describes any confidential or personal information that is protected by law or policy and that requires the highest level of access control and security protection, whether in storage or in transit. This includes Personal Information, PHI and ePHI as defined in this section but could also include other types of information such as research data.

Please mark all the data items stored on your device(s)

- ☐ Identifiable research data that derives from clinical data sources
- ☐ Student Information (names, grades, application information)
- ☐ Animal Research (photos, data, researcher information and protocols)
- ☐ Intellectual Property
- ☐ Confidential Information on Employees
- ☐ Any information that might embarrass the University
- ☐ Any other sensitive or confidential information

**Only complete this section if there is no Restricted Information on the device**

**Instructions for Attestation Signature**

- To provide your signature, please complete form, save and then print and sign this page.
- Scan the signature page to pdf and forward with the form.
- Or send the original signed signature page or fax it.

☐ The device contains no restricted information

**Attestion: No PHI, PI, or Restricted Information**

**I attest that no Personal Information, Protected Health Information or Restricted Information is on the device. I further attest that I understand the consequences of my statement that no such information is on these devices and that I might be held accountable for any misstatements or misrepresentations regarding Personal Information, Protected Health Information or Restricted Information if the unencrypted device is lost or stolen.**

Signature _____ Date/Time _____

## Departmental Evaluation

CSC Name | Date

CSC Email | Phone

Technical Evaluation and Recommendation

**CSC: I recommend the exception be granted** ◯ YES ◯ NO

CAO Name | Date

CAO Email | Phone

Administrative Evaluation and Recommendation

**CAO: I recommend the exception be granted** ◯ YES ◯ NO

## Information Security Office Evaluation

Name | Date

Email | Phone

Technical Evaluation and Recommendation

**I recommend the exception be granted** ◯ YES ◯ NO

## Dean's Office Recommendation for PGP encryption exception

Name | Date

Email | Phone

Recommendation

**I recommend the exception be granted** ◯ YES ◯ NO

## Final Approval for Laptops with unencrypted RI

Sent to Dr. Washington on

**Approval granted** ◯ YES ◯ NO Date