UCLA Data Security Questionnaire

Please provide answers to the questions below to help us expedite your contract review request

Suppler Name

Description of equipment/hardware/services/software to be provided under this agreement

Do you anticipate using Subcontractor(s) under this agreement?
☐ YES ☐ NO

Are you currently providing these services to any other UC locations?
☐ UC San Francisco ☐ UC San Diego
☐ UC Irvine ☐ UC Davis ☐ No

Data Type

1. What kind of data will your organization and/or subcontractor(s) (if any) be receiving, maintaining, transmitting or creating ?
   ☐ PII ☐ PHI ☐ PCI ☐ Student Data ☐ Other Sensitive or Confidential

   If other, please describe

2. Approximately how many records will be involved in the scope of the proposed engagement?

   Per month   or Per year

3. What data elements will be involved? (Name, MRN, SSN, Address, Diagnosis(es) etc.)

4. How will your organization be interacting with the data?
   ☐ Creating ☐ Disclosing Storing
   ☐ Transmitting ☐ Accessing

5. How will the data be used?

Data Elements

1. Will your organization and/or subcontractor(s) (if any) have access to data that is created, received and/or collected by UCLA or on its behalf? (this includes application logs, metadata, and derivations)?

   ☐ YES   ☐ NO

2. Will this contract require UCLA to purchase software (License, Subscription, etc.)?

   ☐ YES   ☐ NO

3. Will this solution be supplier hosted or on UCLA premises?

   ☐ Supplier hosted   ☐ UCLA premises

4. Will your organization be receiving data from UCLA?

   ☐ YES   ☐ NO

5. Will this solution integrate with UCLA applications?

   ☐ YES   ☐ NO

   If Yes, list applications

6. Will you need access to:

   ☐ Patient data   ☐ Employee data

   ☐ Student data   ☐ Research data   ☐ None of the above

7. Will you need access to UCLA's network?

   ☐ YES   ☐ NO

   Describe the need for network access?

8. Will you need access to UCLA's network to support/service and/or perform regular maintenance?

   ☐ YES   ☐ NO

If No, how will support/service be provided?

If Yes, do you agree to use UCLA's remote access SecureLink

☐ YES   ☐ NO

If No, please explain

9. If we have additional questions, who will be reviewing our data security documentation?

Name   Title

Phone   Email

Supplier contact regarding questions pertaining to this questionnaire

Name

Title

Phone

Email