INFORMATION CHECKLIST FOR PRIVACY & SECURITY EVALUATION

**INSTRUCTIONS:** This form must be completed for all vendor(s)/consultants (excluding Cooperating Institutions/Sub-awardees) and any new application/website, software, or equipment/hardware (collectively, “New Technology”) expected to be used by the Institute (HPHCI) for research projects and non-research business activities.

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| Name & address of Vendor/Consultant |  | | |
| Detailed description of the vendor/consultant/ New Technology and why it is required |  | | |
| HPHCI business owner (name and email) |  | | |
| Technology approach and data sharing  (check all that apply) | New functionality within existing technology  New/upgraded software  If so, is it  Vendor-Hosted/Stored or  Internal (On-Premise/Site)  New hardware  Access to HPHCI or Point32Health systems  If so, is vendor/consultant using HPHCI/Point32Health email and laptop?  Exchange of, or access to, sensitive info (e.g., study data, financial information, or HPHC/I or Point32Health proprietary information) – from HPHCI or individuals directly  Data supplied to vendor/consultant/New Technology in the form of an extract  Developing an application or website  Other (describe): | | |
| **IF YOU CHECKED ANY OF THE ABOVE BOXES, YOU MUST COMPLETE THE REST OF THIS FORM.** | | | |
| Are there any alternatives to the proposed vendor/ consultant/New Technology if not approved? |  | | |
| Is this related to a research project? If yes, provide project information. | Yes  No | 1. Title of Project: 2. OSP Grants Manager: 3. Funding source (project or grant #): 4. Project stage:   Proposal development  Grant submission  Post-award  Other   1. Is there a critical due date/approval date? | |
| Will the vendor/ consultant or New Technology access, use, disclose, transmit, and/or store any of the following? | 1. Member/patient/study participant demographic Info (e.g., name, address, phone, email address, DOB, ID number) | | Yes  No |
| 2. Healthcare info (e.g., claims, DOS, diagnosis, other clinical data) | | Yes  No |
| 3. Social Security Number (SSN) or Tax ID number (including provider TIN) | | Yes  No |
| 4. Financial information (credit card or bank account info) | | Yes  No |
| 5. Race, ethnicity, or language info | | Yes  No |
| 6. Proprietary info (e.g., salary info, strategic plans, confidential technical info) | | Yes  No |
| If member/study participant/ patient information will be shared with the vendor/ consultant or through the New Technology, how is the data being obtained? | Authorization, directly from the individual, or IRB waiver of authorization  No authorization or waiver – obtained in limited data set (LDS) under a DUA  Deidentified  N/A – no data | | |
| Where is the data being obtained from? | Point32Health (through RSDC or business unit)  Directly from individual  Research partner or research database (e.g., CMS or state agency)  N/A – no data | | |
| Hosted location of the data/how it is accessed by the user | Internal (HPHCI or Point32Health network)  External, accessed through Point32Health network (e.g., VPN or Citrix)  Distributed Data Network (e.g., PopMedNet)  Other (describe):  N/A – no data | | |
| Who are the users of the New Technology? | HPHCI internal (employees or contingent workers)  Study participants  Sponsor, Cooperating Institution, Data Partner, or vendor involved in research work  Publicly available  Other (describe):  N/A – no technology | | |
| Will data be accessed or stored outside of the US? | Yes, accessed – if yes, where?  Yes, stored – if yes, where?  No  N/A – no data | | |
| If developing a website or application: | 1. Who will develop the website/application? 2. Who will host the website/application? 3. Provide the URL: 4. Who will be responsible for maintaining the website or application? 5. Will the website/application use a HPHC or HPHCI logo   N/A – no website/application | | |
| If new equipment/ hardware: | 1. Who is the manufacturer of the equipment? 2. What is the operating system?   N/A – no equipment/hardware | | |
| If new/upgraded software: | 1. Who is the manufacturer of the software? 2. What version of the software will be used? 3. What are the operating system requirements for the software? 4. Where will the software be loaded (individual computers or server)?    1. If individual computers, how many?    2. If server, is it an existing or new server? 5. Who has validated the equipment the software will reside on? 6. Who will install the software? 7. Who will support the software?   N/A – no software | | |
| If the vendor/consultant/ New Technology uses a third-party vendor (External Service Provider/ESP): | 1. What services will the ESP provide? 2. Will any data be stored with the ESP?   N/A – no ESP | | |