

Data Access Questionnaire

This questionnaire is intended to help campus units who are initiating a request for **CloudApps services** that may involve the use of, or access to, certain types of **sensitive University data** and/or **involvement by ITS**. The University recognizes that the use of, or access to, sensitive data may involve certain risks, and therefore it is important that this form be fully and accurately completed.

Univ. Depart	tment:		
Department	al Contact:		
Product or P	roject Name:		
	otion:		
Data Stewar	d:		
Source of da	ta:		
	ata (ex: # of records):		
PHI is	the department receive or have access to any data that is defined as "individually identifiable health information do a particular person. This information can relate to the individual's past, present or future physical or mental. The provision of health care to the individual; or the past, present, or future payment for the provision of	n," or health information which can be : health or condition;	
	Protected Health Information (PHI)	Yes □ No □	
	Is the product/service for a clinical purpose?	Yes □ No □	
	Is the product/service part of a research study?	Yes □ No □	
	If yes, please provide the IRB #		
	 Driver's license numbers (unless appearing in a law enforcement record), state ID card numbers, or passport numbers Checking account numbers or savings Other access Biom Finge 	• Personal identification ("PIN") codes	
	Credit card numbers or debit card numbers Passv Personally Identifiable Information (PII)	vords Yes □ No □	

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This is part of a research study	Yes □ No □
fill the department receive or have access to any data that is stud ertain exceptions, any records directly related to a student that are efined as "education records" and are protected by the Family EduERPA).	e maintained by the Universit
Student Information	Yes □ No □
fill the department receive or have access to any data that is any c	of the following?
Confidential State Personnel Act Information	Yes □ No □
Information protected under Non-Disclosure Agreement	Yes □ No □
Sensitive Intellectual Process	Yes □ No □
Information that, if released, would cause significant harm to	
University	Yes □ No □
Donor Information	Yes □ No □
Other	Yes □ No □
fill the service or product require integration or involve data shar formation systems or finance systems? Note that integration including Directory service, the campus single sign-on (SSO) service, or ervices. Integration or Data Sharing with Existing Systems	udes, but is not limited to, use
formation systems or finance systems? Note that integration inclicative Directory service, the campus single sign-on (SSO) service, or ervices. Integration or Data Sharing with Existing Systems	udes, but is not limited to, use trusted/shared/federated sig
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Requires ITS Assistance	Yes □	No □
If yes, please describe:		
etems?		
Replaces or Duplicates Existing Systems		ems or t
Il the service or product replace or duplicate any existin stems? Replaces or Duplicates Existing Systems If yes, please describe:		
Replaces or Duplicates Existing Systems		
Replaces or Duplicates Existing Systems		