**ETSU HIPAA V Drive Request Form │Non-Research HIPAA Data**

This form is required to create, modify or terminate access to the ETSU HIPAA V Drive. Please complete this form and fax or email it to the HIPAA Compliance Office: fax 423.439.8510 or hipaa@etsu.edu.

In some cases, training may be required before access is granted. Access terminates for all users at the end of each calendar year. Notice will be provided to the folder administrator of record thirty (30) days prior to termination. The folder administrator must submit a new request form prior to the end date to avoid disruption of service. ***It is the responsibility of the folder administrator to ensure the access to protected health information (“PHI”) of each user is appropriate based on the user’s job.***  The folder administrator must immediately submit this form for termination or modification of access where a user no longer requires such access to perform their job duties as assigned.

Once your request for a new folder is processed, you will be able to create subfolders yourself. Please note, subfolders inherit the access rights of the main folder. If you need a separate folder with different access rights, you must submit a separate request form for one to be created.

 [ ] **Create New Main Folder or** [ ] **Modify Access Rights Only**.\*

*\*If simply modifying access rights, complete only Section 1 and Section 2 and obtain the required signatures.*

**Suggested Main Folder Name: Click or tap here to enter text.**

**Section 1: Folder administrator.**

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Department / Clinic **Click or tap here to enter text.** ETSU Email Address **Click or tap here to enter text.**Building / Floor Location **Click or tap here to enter text.*****The Folder administrator will have read and edit access***.  | Check One[ ]  Add [ ]  Modify [ ]  Delete  |

**Section 2: Additional users who require access to this folder to perform their job duties as assigned.**

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Department / Clinic **Click or tap here to enter text.** ETSU Email Address **Click or tap here to enter text.**Building / Floor Location **Click or tap here to enter text.**This user requires (Check One): [ ]  Read-Only Access [ ] Read And Edit Access | Check One[ ]  Add [ ]  Modify [ ]  Delete  |

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*Space is provided at the end of this form for additional users.*

**Section 3: Description of PHI to be stored on the HIPAA Drive, including the types of identifiers present.**

**Mark all that apply.**

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| [ ]  Patient Names | [ ]  Patient Addresses (all geographic subdivisions smaller than state, including street address, city county, and zip code) |
| [ ]  All elements (except years) of dates related to a patient (including birthdate, admission date, discharge date, date of death, and exact age if over 89) | [ ]  Patient Health plan beneficiary numbers |
| [ ]  Patient Telephone numbers | [ ]  Patient Account numbers |
| [ ]  Patient Fax numbers | [ ]  Patient Certificate or license numbers |
| [ ]  Patient Email addresses | [ ]  Patient Any vehicle or other device serial numbers |
| [ ]  Patient Social Security Numbers | [ ]  Patient Web URLs |
| [ ]  Patient Medical record numbers | [ ]  Patient Internet Protocol (IP) Addresses |
| [ ]  Patient Finger or voice prints | [ ]  Patient Photographic images |
| [ ]  Patient Device identifiers and serial numbers | [ ]  Any other unique identifying number, characteristic or code that might identify a Patient |

Please provide a brief description of the PHI that will be maintained on the HIPAA Drive.

**Click or tap here to enter text.**

Please provide a brief explanation as to why this PHI cannot be maintained inside the electronic medical record system.

**Click or tap here to enter text.**

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 [signature of Folder administrator] [date]

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 [signature of Department Chair or Dean] [date]

**If you need additional information or have questions, please contact the HIPAA Compliance Office at 423.439.8533.**

**Additional users who require access to this folder to perform their job duties as assigned.**

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Department / Clinic **Click or tap here to enter text.** ETSU Email Address **Click or tap here to enter text.**Building / Floor Location **Click or tap here to enter text.**This user requires (Check One): [ ]  Read-Only Access [ ] Read And Edit Access | Check One[ ]  Add [ ]  Modify [ ]  Delete  |

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**This section for use by HIPAA Compliance Office.**

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| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HIPAA training verified Date Forwarded to ITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Folder Name Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Folder Administrator Notified of Access: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notes:  |