Encryption Exemption Request Form for Laptop Computers

Each faculty/staff member must complete this form in order for their laptop to be considered for exemption from the Compliance Committee's mandate to encrypt all laptops that are being used up to five years of age. Once completed, this form must be submitted to the department chair/department head for signature. Thereafter, the requests must be scanned and emailed to hipaaprivacy@umc.edu for review by the HIPAA Compliance Subcommittee. This Subcommittee will be responsible for determining which laptops merit an exemption and will provide notice of request approval or denial promptly following the determination. Once exempted, the laptop must be labeled with a sticker denying its use for storage of any confidential data and/or sensitive data. See Data Classification Policy for definitions of confidential and sensitive data.

Faculty/Staff member’s name (typed) ______________________________________________________

Faculty/Staff member’s employee number/ Department ________________________________________

Make of laptop computer _____________________________________________________________

Model number ________________________________________________________________

Serial number of laptop computer ____________________________________________________

UMMC property number _____________________________________________________________

Means used to protect the computer from being stolen

☐ Kept in Personal possession ☐ Tethered or attached to the user’s desk or work surface

☐ Other ________________________________________________________________

Functions of the laptop computer:

a. Primary task: ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

b. Additional tasks:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Printed Name: ________________________________________________________________

Signature: ___________________________________________ Date: _____________

Department Head/Chair Signature: ___________________________ Date: _____________

By signing this, I am attesting that the above detailed laptop will not have confidential or sensitive data stored on it. Also, I understand that violators may be responsible for any fines incurred as a result of data leakage and may be subject to sanctions, up to and including termination. Lastly, if the function of the laptop computer changes or the responsible individual for the laptop changes, the computer must be encrypted or a new exemption applied for.