

- f. Inpatient data
 - g. CPN
 - h. Practice Group
 - i. Other: _____
4. What is the typical volume of data you need to export (# patients/records)?
5. Please describe the purpose of the export or printing and how you intend to use the RWB reports.
6. Could a minimal number of designated users extract or print the reports and save it to a secured file share for others to access? If not, please explain why.
7. If there are already users with RWB access in your department, please explain why you also need access.
8. How frequently do you plan on exporting or printing RWB reports and where will they be stored?

9. How long do the exported or printed reports need to be retained and can they be deleted or shredded after a certain period of time?

10. Will you need to share exported or printed reports with others? If so, with whom will you share the reports and how will you transmit the information?

11. Will you be using RWB data for any of these purposes? Check all that apply

Note for OHIA Reviewer – If the user will be using RWB for any of the following purposes, the request must be forwarded to the Office of Compliance Services

- Exports to external parties
 - Any person or entity outside of Mednet
 - UCLA campus staff and departments are considered external
 - New data registries
 - Data use agreement
 - Sensitive Information : SSN, Genetic information, STDs, Mental Health, Substance Abuse
 - Large exports (>10k patients)
 - Fund Raising
 - Marketing
 - Patient address requests by departments and physicians (could be fund raising, marketing or research recruitment)
 - Web or other applications
 - Transmission across the Internet
 - Cloud storage
-
-

Please sign below and return the application to OHIA for review:

User/Applicant

(Print Name) _____

Date _____

(Signature) _____

Department CAO/Director Approval

(Print Name) _____

Date _____

(Signature) _____

FOR OHIA AND OFFICE OF COMPLIANCE SERVICES USE ONLY:

OHIA has reviewed the user's request and will proceed with the following action:

- Approve the request for privileges
- Deny the request for privileges
- Forward the request to Office of Compliance Services for further review

OHIA Review Comments:

OHIA Reviewer

(Print Name) _____

Date _____

(Signature) _____

If forwarded to OCS from OHIA:

The Office of Compliance Services has reviewed the user's request and will proceed with the following action:

- Approve the request for privileges
- Deny the request for privileges