**INSTRUCTIONS:** This form must be completed for each new software program, application service provider, app or website, or new equipment/hardware proposed for use during the project. Submit this completed Appendix D to the appropriate Grants Manager with the SPA for review and routing for signature prior to submission for funding and/or the start of the study if unfunded.

1. **STUDY INFORMATION**
2. Title of Project:
3. HPHC/I Principal Investigator/Degree(s):

**B. CHECKLIST**

|  |  |
| --- | --- |
| Question | Response |
| Technology Approach:  | [ ]  Make[ ]  Purchase & Implement[ ]  External Service Provider |
| Purpose:  |
| Will the application use, store, allow access or transmit information classified as PHI or PI or business proprietary to HPHC (BPI)?  | PHI Yes [ ]  No [ ] PI Yes [ ]  No [ ] BPI Yes [ ]  No [ ]  |
| Will the application collect, store, modify, allow access or report any of the following:1. Social Security Number 2. Tax ID # 3. HPHC ID # 4. Demographic information (including name, address, phone, email address, dob) 5. Race, ethnicity, language information 6. Credit card information 7. Healthcare information (claims, diagnosis, other clinical data) 8. HPHC employee information  | 1. Yes [ ]  No [ ] 2. Yes [ ]  No [ ] 3. Yes [ ]  No [ ] 4. Yes [ ]  No [ ] 5. Yes [ ]  No [ ] 6. Yes [ ]  No [ ] 7. Yes [ ]  No [ ] 8. Yes [ ]  No [ ]  |
| Who are the users of the technology?  | [ ]  HPHC Internal[ ]  Employer Groups & their Reps[ ]  Providers & their Representatives[ ]  Members [ ]  Others:  |
| Will third parties be used to store, access or transmit information? If yes, will these third parties use off shore resources?  | Yes [ ]  No [ ]  Unknown [ ] Yes [ ]  No [ ]  Unknown [ ]  |
| Will data be supplied in the form of an extract? | Yes [ ]  No [ ]  |
| Will the project include use of a website? If yes, will there be Harvard Pilgrim branding? | Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| What types of communications are expected? | [ ]  Internal Reporting[ ]  External Reporting[ ]  Mail/Email /Telephone to members [ ]  None |
| Has a previous privacy and/or security evaluation of the technology/entity been completed? | Yes [ ]  No [ ]  |
| Do we have executed privacy and security agreements on file? | Yes [ ]  No [ ]  |
| Who from Legal is reviewing the contract? | Name: Not yet assigned [ ] N/A [ ]  |

1. **CERTIFICATIONS**

The Chief Information Security Officer is required to sign the Routing and Certification Form, Section K.