



Specification Deviation Request Form

Use this form when requesting hardware or software that is not part of the SFDPH standard.

Requestor Info [required]:

Name: Physical Address:
Email Address:
Phone: Request Date:

Supervisor [required]: Email [required]:

Specification Deviation [required]:

(what you are proposing that that differs from our standard methods)

Justification for Specification Deviation [required]:*(why do you need this?)*

Description of the compensating steps to be put in place:

(What steps, if any, you plan on taking to minimize the risk introduced into our environment)

Additional Remarks:

Proper Usage and Protection of Protected Health Information (PHI) Attestation:

By typing my name and the date of completion of my last Privacy Training in the field below, I attest that I will comply with all DPH Privacy and Data Security policies in relation to this request. I understand that it is against DPH policy to upload PHI to unapproved online storage services ("clouds"), and doing so will subject me to disciplinary action consistent with the severity of the action, which may include loss of privileges termination of employment, and other actions as deemed appropriate by the joint determination of the Human Resources Department, the Information Security Office, or the CIO. If my job role or responsibilities change in a way that results in this spec deviation request no longer being needed, I will contact the IT Service Desk to cancel this request within five working days.

Name [required]: Privacy Training Date [required]:

Authorization to Allow Spec Deviation - Hardware (For Internal Use Only):

The following approval is required prior to the purchase of hardware. Provide date approval was granted.

Customer Services Manager: Signature: Date:

Authorization to Allow Spec Deviation - Software (For Internal Use Only):

The following approvals is required prior to the purchase of software. Provide date approval was granted.

Chief Information Security Officer: Signature: Date:
Data Sharing Officer: Signature: Date: