Disclosure Tool for Chairs and Directors
Annual Review of the Privacy, Confidentiality and Information Security Agreement (PCISA)

The PCISA is used to inform UW Medicine workforce members about their responsibilities for protecting confidential (regulated patient, student, financial, personal, or proprietary information) and restricted (other protected but not regulated data). The document must be signed upon hire, reviewed and signed annually thereafter or when there is a change in jobs, and retained in the workforce member’s personnel file. The annual review enables individuals with management and supervisory responsibilities to understand the type of information workforce members use and reinforce role-specific expectations for how that information is handled. It also provides the workforce member and manager/supervisor with a shared understanding of the risks and the safeguards that are needed.

The following is an outline of questions and topics to cover when annually reviewing data stewardship with your faculty and staff. Retain your notes of each discussion with the signed PCISA. If, when reviewing your notes, you find common issues for which you want additional training for your employees, please contact the UW Medicine ITS Security Team at uwmed-security@uw.edu.

Discussion with: __________________________ Date: __________________

Employee’s Name

Supervisor/Manager: __________________________ Title: __________________

Supervisor/Manager’s Name

What type of information do you handle during the course of your work?

☐ Confidential Information: data that is regulated or protected by law:
  - Protected Health Information (PHI) - protected by HIPAA
    If so, has required training been taken? ____________________
    Does this employee need refresher training? ____________________
  - Individual Student Records – protected by FERPA ____________________
  - Individual financial information
    (e.g. credit card and bank account numbers) ____________________
  - Other personally identifiable information (PII)
    (e.g. Social Security Numbers or birth dates) ____________________
  - Proprietary Information
    (e.g. intellectual property or trade secrets) ____________________

☐ Restricted Information: data that is not regulated but for a business purpose is considered protected either by contract or best practice (this includes research data) ____________________

IF ANY OF THE ABOVE ARE “YES”, CONTINUE WITH THESE QUESTIONS....

Where is the above information stored and how is it protected?
________________________________________________________________________________________
________________________________________________________________________________________

Do you physically move this information to other locations (such as home or another office)? When discussing this question you should determine if your employee’s duties require transporting data and what security measures the employee uses to protect the information while in transit.

☐ Do you transport data? ____________________

☐ Describe how you protect this data
________________________________________________________________________________________

Have you authorized this employee to transport data? ____________________
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Do you use University-owned devices for your work? When discussing this question you should identify all the devices that your employee uses (desktop computer, lap top computer, tablet, cell phone, etc.)

- Are your devices password protected and encrypted?  ____ YES  ____ NO
- If the answer is no, please explain: __________________________________________

Do you access, use or store any confidential UW Medicine information on your personal devices? When discussing this question you should identify all the personally owned devices that are used for work.

- What, if any, personally owned devices are used for work?
- Are all of your devices password protected and encrypted?  ____ YES  ____ NO
  If you answered no, please explain: __________________________________________
- If you need to access confidential UW Medicine information off-site, do you use VPN or CITRIX access?  ____ YES  ____ NO
  If you answered no, please explain: __________________________________________

Are there any areas of concern that you have surrounding UW Medicine’s Privacy, Confidentiality or Security requirements? Please explain:
______________________________________________________________________________
______________________________________________________________________________

Notes: