**Faculty Leave/Departure Data Security Attestation Form**

*This form must be appended to requests for leaves or confirmations of departures (including resignations and retirements) of faculty in the Professoriate and in the Clinician Educator Line. For faculty who are taking maternity, family or medical leaves, this form must be completed and kept on file by the department.*

Name and Rank of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that the following areas have been covered in connection with the resignation/retirement/leave (circle one) of the above-named faculty member:

* The duration and purpose of the leave has been documented on the leave form.
* Data security attestations have been completed by the faculty member.
* For faculty who were/are clinically active at Stanford, the requirements of the Practice Policy (specifically as they relate to the practice of medicine at entities outside Stanford and its affiliates) have been reviewed.
* Contact address, email and phone number have been obtained for faculty who are departing Stanford or going on leave.
* Establish if continued access to EPIC is needed (must have an ongoing Stanford patient care requirement) and suspend or terminate EPIC access, as appropriate.
* Ensure that policies regarding foreign travel are followed, which include notice to the University.
* Use of Stanford titles and Stanford’s name in other settings.

Stanford-owned devices and personally-owned devices which store Stanford data:

* Inventory of the devices.
* Confirm encryption of devices with PHI.

Signature of Director of Finance and Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_