Policy Exception Request Form

Complete this form and return via email to: Brian Wells at Brian.Wells@healthshareexchange.org

1. Description of exception being requested (policy number, technology, process, etc.).

2. Person responsible for implementing the policy, procedure, standard or process for which an exception is being requested.

3. Explanation for why exception is being requested. Detail explanation of inability to utilize existing standard, process, technology, etc.

4. Business reason for exception request. Name of person (owner) requesting exception.

5. Describe the potential risk and mitigating controls to be put in place – must equal or exceed those of exception.

6. Device definition. Please describe the specific device, application or service for which the exception is being requested.

7. Data Definition. Please describe the type(s) of data that will be used and the expected users of the data (if applicable).
8. Data access restriction requirements due to laws/regulations (if applicable)

9. Detail expected length of requested exception and how controls will be maintained and reviewed during duration of exception.

10. Indicate which staff, vendors and clients may be impacted by this exception and how they will be impacted.

11. Any other applicable information

Requestor Contact Information:

Name: _______________________________ Phone: _______________________________
Title: _______________________________ Email: _______________________________
Signature: __________________________ Date: _______________________________

Management Approval:

Request Approved
Request Denied

Name: _______________________________
Title: _______________________________
Signature: __________________________ Date: _______________________________