

RDMS AUTOMATED FILE EXTRACT SERVICE REQUEST APPROVAL FORM

This form is intended for University of California Office of the President Risk Services (OPRS) affiliates.

The form is designed to collect key information from OPRS customers for approval and setup of an automated file extract from the UCOP Risk Data Management System (RDMS) environment to external recipients.

HIPAA guidelines cover this data. The requesting approver is responsible for compliance from the point the data has been securely delivered. You will be asked to provide how this data be stored, how this data be shared, and with whom.

Data identified as Patient Safety Work Product (PSWP) as defined by the Patient Safety Act of 2005 is covered by the UC Systemwide Patient Safety Evaluation System Policy. Use of these data may be used for patient safety and quality improvement purposes as defined within the policy. Please see the policy for details.

Process for Approval:

1. This form is available on the RDMS website: <https://rdms.ucop.edu/>
2. All fields must be completed on this form.
3. For questions regarding this form contact rdms@ucop.edu
4. The requestor opens an internal IT service request so that their IT department will be informed. The RDMS team will work with the designated contact on the file transfer, through UCOP IT systemwide GoAnywhere service.
5. Return this form to rdms@ucop.edu with an approval given by the person within the requesting organization who has the appropriate level of authority for the request.
6. UCOP will evaluate the request, and may have additional questions before giving final approval
7. The person named in section 1 Requestor Information, will be the contact person for UCOP.

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1. Requestor Information

Name:		<i>Person requesting extract</i>
Role:		<i>Requestor's title</i>
Company/Campus:		<i>Requestor's campus</i>
Department:		<i>Requestor's department</i>
Phone:		<i>Requestor's telephone number</i>
Email:		<i>Requestor's email address</i>
Address:		<i>Requestor's mailing address</i>
Date:		<i>Request Date</i>

2. Recipient Information

Name:		<i>Contact for file delivery</i>
Role:		<i>Recipient's title</i>
Company/Campus:		<i>Recipient's company/campus</i>
Department:		<i>Recipient's department</i>
Phone:		<i>Recipient's telephone number</i>
Email:		<i>Recipient's email address</i>
Address:		<i>Recipient's mailing address</i>

3. Purpose

HIPAA guidelines cover this data. The requesting approver is responsible for compliance from the point the data has been securely delivered.

Description		<i>Describe the purpose of the file extract and how the file will be used.</i>
Target Audience		<i>How will this data be shared, and with whom?</i>
Target System		<i>How will this data be stored?</i>
Original Source System(s)		<i>If known, the original source system(s) of the data prior to RDMS. Example: RL Feedback.</i>

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4. Data Requirements must be included in this request form

You may attach an additional document with rows and columns as needed. RDMS can provide a list of available fields upon request.

Field Caption	Field Description	Field name in RDMS (if known)	Data Type (date, text, numeric)

5. Delta or Full File Extract

Delta	Contains new and changed files since the prior extract
Full File	Contains new, changed and unchanged files since the prior extract

6. Delivery Schedule

Frequency:		<i>annual, daily, monthly, quarterly</i>
Start Date:		<i>Desired delivery date</i>
Time:		<i>Desired delivery time</i>

7. Requestor IT Contact

After UCOP approval, RDMS will work with requestor IT contact to setup file transfer

Name	Phone	Email	Requestor Service Request Ticket Number

8. File Format: all files are transmitted in this format

File Format:	<i>Pipe delimited text</i>
File Name:	<i>Standard Convention</i>
Field Name Header:	<i>Optional</i>
Encryption:	<i>PGP encryption</i>
Compression:	<i>Zip file</i>
Additional Manifest file:	<i>Optional: Date of Creation, file name, number of total records</i>

9. File Transport. All files are transmitted through GoAnywhere

UCOP UC Systemwide secure file transfer	GoAnywhere managed file transfer with PGP encryption
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Requesting Approval

This form must be submitted with a signature from the person requesting the data who has the appropriate level of authority for the approval of this request.

Request approved by: Signature _____

_____ Date

Request approved by: Printed name _____

_____ Title, Department, and Location

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10. Location Data Owner Approval

This request must be reviewed and signed by a person from the location who is the data owner. Please obtain the signature for your location prior to sending the request to UCOP RDMS.

Mark VanderLinden
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Request approved by: Signature _____

_____ Date

Request approved by: Printed name _____

_____ Title and Department