

UCSF University of California San Francisco
Consent to Access Electronic Information

INSTRUCTIONS & FORM

The 'Consent to Access Electronic Information' form is required for UCSF to access the electronic information of an employee/temp who separates from UCSF, or transfers to or from a Medical Center or Campus department.

MEDICAL CENTER INSTRUCTIONS

1. Manager completes entire form online at <http://hrlink.ucsfmedicalcenter.org>, making sure to check only ONE box identifying whether the employee/temp is separating, on leave, or transferring. [See form below on Page 2.]
2. Save form using the "File > Save As" function.
3. Print form out.
4. Present completed form to separating/transferring employee/temp for signature.
5. Manager signs form.
6. Signed form should be filed in department's personnel file.
7. Signed form is faxed to Human Resources at 353-4690 for personnel file.
8. Signed form is sent to Legal Affairs, Box 0986.
9. ***If access to data becomes necessary***, Manager must submit an Account Request Form (ARF) via <http://accountrequestform.ucsfmedicalcenter.org>. ***If there is no need to access data, then there is no need to submit an ARF and no need to fax the form to the IT Identity and Access Management (IdAM) group.***
 - a. When submitting the ARF, select Request Type "Modify Existing Account".
 - b. For email access check the "Med Center Email" box.
 - c. For local/server file access check the "Network (Windows/AD)" box and identify the specific file shares in the Section 4 Notes box.
 - d. For voicemail access, detail this in the ARF Section 4 Notes box.
10. In conjunction with ARF submittal, the signed form **MUST** be faxed to the IT Identity and Access Management (IdAM) group at 353-9025. *The request will not be completed until the signed form is received.*

SEE FORM ON PAGE TWO

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I authorize UCSF to access all electronic information maintained on my assigned UCSF computing and telephony devices. All reasonable attempts will be made not to access personal information.

[Redacted]

Print Employee Name

[Redacted]

Department

Employee Signature

[Redacted]

Date

The above-named employee is:

- Separating effective [Redacted]
- On leave effective [Redacted] through [Redacted]
- Transferring within Medical Center within Campus effective [Redacted]
- Transferring FROM Medical Center Campus
- Transferring TO Medical Center Campus effective [Redacted]

[Redacted]

Manager Name

[Redacted]

Department

[Redacted]

Contact Number

Manager Signature

[Redacted]

Date

SIGNED FORM MUST BE RETAINED BY THE REQUESTING DEPARTMENT.

SEND SIGNED COPIES VIA FAX, eMAIL, OR CAMPUS MAIL TO:

- HUMAN RESOURCES [FAX 353-4690]
- IT IDENTITY & ACCESS MANAGEMENT [FAX 353-9025]
- LEGAL AFFAIRS, BOX 0986