SECURITY AND PRIVACY POLICY DEVELOPMENT WORK SUBMISSION FORM

Date:

Contact Information

Name:

Title:

Division:

Email:

Phone:

Policy Details

Request Type (please select one):

☐ New Policy Creation	☐ Existing Policy Revision	☐ Existing Policy Rescindment

Existing Policy Name (if applicable): _____

Policy Area (please select one):

☐ Data Privacy	☐ Network Security	☐ Application Security	☐ Incident Response
☐ Access Management	☐ User Awareness and Training	☐ Third Party/Vendor Management	☐ Other

Other Policy Area (if applicable): _____

Brief Description of Policy Content (if new) / Proposed Changes (if revision):

Policy Requirements (list all the requirements of what needs to be included in policy)

CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF INFORMATION TECHNOLOGY

Reason for New/Updated Policy:

Policy Priority

Urgency Level (please select one):

☐ High	☐ Medium	☐ Low

Expected Begin Date:_____   Expected Completion Date:_____

Additional Information/Comments:

PLEASE SUBMIT THE COMPLETED FORM TO THE POLICY DEPARTMENT. YOU WILL RECEIVE A CONFIRMATION EMAIL ONCE YOUR REQUEST HAS BEEN PROCESSED.

OFFICE OF INFORMATION TECHNOLOGY

TO BE COMPLETED BY THE SECURITY AND PRIVACY POLICY DEVELOPMENT TEAM

Form Received By:_____   Date Received:_____

Assigned Policy Analyst:_____

Estimated Completion Date:_____

Notes

Program Manager Signature: _____   Date: _____

Policy Lead Signature: _____   Date: _____

Comments