



Date:

To Be Completed by Submitter

Any CMS Employee or Contractor may make a submission to the Security and Privacy Policy Development Team. Submissions may be in form of:

- A request for clarification or inquiry concerning existing governance documents (such as the Risk Management Handbook, Acceptable Risk Safeguards, or Information System Security and Privacy Policy)
- A change in mission or discovery of a novel threat
- A directive, mandate, executive order, or other authoritative document from an authoritative source that will create a need for a new or updated policy
- A change in CMS or a component organization that affects its mission or capabilities

Contact Information

Name:

Title:

Division:

Email:

Phone:

Policy Details

Request Type (please select one):

<input type="checkbox"/> New Policy Creation	<input type="checkbox"/> Existing Policy Revision	<input type="checkbox"/> Existing Policy Rescindment
--	---	--

Existing Policy Name (if applicable): _____

Policy Area (please select one):

<input type="checkbox"/> Data Privacy	<input type="checkbox"/> Network Security	<input type="checkbox"/> Application Security	<input type="checkbox"/> Incident Response
<input type="checkbox"/> Access Management	<input type="checkbox"/> User Awareness and Training	<input type="checkbox"/> Third Party/Vendor Management	<input type="checkbox"/> 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)



Reason for New/Updated Policy:

Policy Priority

Urgency Level (please select one):

<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> 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.



SECURITY AND PRIVACY POLICY DEVELOPMENT WORK SUBMISSION FORM

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