

**POLICY M-3.6: SECURITY OF CLIENT DATA AND PORTABLE DEVICES  
ATTACHMENT A**

**Authorization to Remove and Transport Client Data**

To be completed and approved prior to removing client data, in any format, from any Agency Facility. This form is to be resubmitted on an annual basis and maintained in the employee's Agency personnel file.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Business Unit: \_\_\_\_\_

Low Org: \_\_\_\_\_

List the type(s) of client data that will be removed from the Agency facility:

\_\_\_\_\_  
\_\_\_\_\_

In what format is the data maintained (e.g., paper files, flash drive, CD)?

\_\_\_\_\_

Provide a business justification for removing the data:

\_\_\_\_\_  
\_\_\_\_\_

By requesting to remove the above listed data, in the listed format(s), for the purpose(s) stated, I certify that I understand that it is my sole responsibility to ensure that the data is safeguarded from loss, theft or misuse. I acknowledge that I have received HHSA Policy M-3.6: Security of Client Data and Portable Devices.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By approving this request, I certify that there is a legitimate business purpose for removing the listed data in the listed format and that the employee understands that they are responsible for safeguarding it from loss, theft or misuse.

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_