Services Compliance Checklist

You have selected a Category Code that requires the completion of the attached checklist. The Services Compliance Checklist is a required core document and must be uploaded through the Purchasing EDM webform along with any other supporting documentation in order for this transaction to be processed by Purchasing.

For further clarification, the following Purchasing Category Codes require the completion of this form.

Category Code	Description
43230000	Software (includes SaaS)
80111604	Temporary technician staffing
80111621	Temporary research and development svcs
80141607	Events management
81112105	World wide web hosting services
82111604	Transcribing services
84111500	Accounting services
84111504	Bookeeping services
84111506	Billing services
84131608	Medical claims and review mgt
85101503	Medical office services
85101601	Nursing services
85121600	Medical doctors specialist services
85121607	Psychiatrist services
85121705	Acupunctrist services
85130000	Medical science research and experiment
85131700	Medical science research
93101502	Political parties fund raising services
43232610	Medical Software

In the event you have received notification through the Purchasing EDM requesting you complete this form, but your transaction does not utilze one of the above listed Category Codes, you will need to print out this cover sheet and complete the below information along with a signature from the department/school Senior Business Officer.

Complete only if Category Code is not listed above

Transaction Category Code: _____   Sr. Business Officer: _____
                                                                                                    (print name)

Purchase Requisition Number: _____   _____
                                                                                            (signature)

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SERVICES COMPLIANCE CHECKLIST

*You **must** answer each of the following questions thoroughly as it relates to the services you are seeking to engage.*

Purchase Requisition Number: _____

PHI – Will the work include creation, access to/receipt, use of, storage, or disclosure/transmittal of past, present or future patient information, in any manner? (if yes, then a BAA could be required)   yes   no

Research – Will the work include access, use or disclosure of research information? If yes - indicate what information will be accessed, used, or disclosed and include the IRB/protocol number.   yes   no

PCI – Does the project scope include integrating a method for accepting credit card payments? If yes, list the services that will be provided and attach documentation that demonstrates the Supplier has achieved PCI DSS compliance. ***(Contact Treasury to review specific documentation requirements.)***   yes   no

PII – Is any individual(s) (including faculty, student or employees) personal information (*PII includes, but is not limited to, names, gender, passwords, addresses (including email), SSNs, DL #s, purchase histories, etc.)* being accessed or passed to the supplier that is not in the public space or unpublished research information?   yes   no

System/Data Location – Will the system or data (including any of the above categories) be hosted/stored/accessed off-site (i.e. cloud services)? If so, domestically or internationally *(circle one)*? If internationally, where? _____   yes   no

Will the work include the purchase of software, applications or electronic storage of patient, student, employee or research information? If yes, describe. _____   yes   no

Please describe type of data (i.e. student, employee, financial research, etc.) _____

Will data be de-identified? If so, and data is PHI, then de-identification must be compliant with HIPAA Privacy Rules.   yes   no

Does supplier have access to University systems?   yes   no

If data is being distributed or developed through University systems, please indicate which University system(s) (i.e. ARC, PAC, CROWN, etc.). _____

Identity Theft Protection (Red Flags) - Does the Service provider have Identity Theft Prevention policies?   yes   no

If not, have they executed the Service provider Attestation form?   yes   no

Additional Comments

_____