

# Request for Exception from HIPAA Policy Requirement

Applicant

School/Department

Date of Request

I REQUEST AN EXCEPTION TO THE BU HIPAA POLICIES PURSUANT TO BU HIPAA POLICY 10

Exception Requested

Circumstances that Justify the Exception

HIPAA Policy from Which You Request an Exemption

Compensating Controls You Have/Will Implement to Safeguard Data and Comply with HIPAA?

DOES YOUR COMPONENT/UNIT HIPAA CONTACT SUPPORT THIS REQUEST?

Yes

No

HIPAA Contact Signature

Date

Employee/Candidate Signature

Date

Applicant: Please send this completed form to: [HIPAA@bu.edu](mailto:HIPAA@bu.edu)

FOR ADMINISTRATIVE USE ONLY

Granted

Denied for the following reasons:

BU HIPAA Privacy Officer: s/

BU Information Security Officer: s/