

University of Chicago Medical Center
Request for Information – Medical Center Business Unit

The University of Chicago Medical Center Project Manager, Business Analyst or Business Unit Representative responsible for requesting the vpn connection must complete this document.

The following sections are provided in this document:

- I. Medical Center Contact Information
- II. Medical Center Partner Survey

I. Medical Center Contact Information

Medical Center Contact Information	
<i>Medical Center Business Unit Contact</i>	
Name	
Department Number	
Manager's Name	
Director's Name	
Phone Number	
Email Address	
<i>Medical Center Technical Contact</i>	
Name	
Department Number	
Manager's Name	
Director's Name	
Phone Number	
Email Address	
<i>Additional Contact Information</i>	
Name	
Department Number	
Manager's Name	
Director's Name	
Phone Number	
Email Address	

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II. Medical Center Partner Survey

Medical Center Departments seeking to transfer or receive data electronically with a Business Partner must complete the following survey. By asking these questions, we seek to perform our due diligence in assuring the secure transfer and storage of sensitive information as they pertain to both the regulations discussed in HIPAA as well as what we consider to be a good business practice. The following survey must be completed prior to establishing a vpn connection.

1. Please provide a description for the business need for this vpn connection, include the Business Case for the project if available
2. Provide a date for installation (according to the vpn policy a 30 day timeline is required from the date all completed forms and agreements are submitted to the ITRS team)
3. Provide the services offered by the Medical Center servers (http, https, ssh, sftp...)
4. Provide the list of services offered by our Business Partner (http, https, ssh, sftp ...)
5. Provide an estimate for the bandwidth requirements for this vpn connection.
6. What type of data will be transferred over this vpn connection (PHI, Sensitive information...)?
7. Please explain the criticality of the applications and services supported by the vpn connection?
8. What is the expectation for return to service if the vpn connection is not available?
9. Provide an estimate for the hours of use for the vpn connection?
10. Can you define the peak hours for the vpn connection?
11. What is the expected timeline for this vpn connection?
 - Permanent
 - Temporary
 - If temporary please provide details
12. Does the Medical Center have any current network connections with this Business Partner?
 - No
 - Yes
 - If yes please provide any relevant information: