



City and County of San Francisco
 London N. Breed, Mayor
 San Francisco Department of Public Health
 Grant Colfax, MD, Director of Health

San Francisco Department of Public Health
 Office of Compliance and Privacy Affairs



User Agreement for Exception to DPH Third Party Email Policy

Version: November 17, 2022

To help protect our patients, our services, and our network, San Francisco Department of Public Health (SFDPH) restricts access to Third Party Email (TPE) due to the associated security risks.

SFDPH’s Office of Compliance and Privacy Affairs (OCPA) developed this user agreement to efficiently receive and approve exceptions to our policy of not allowing access to third party email providers. Please fill out the form as completely as you can for quicker processing.

Third Party Email Service Provider (e.g., Gmail, Yahoo) to be used: _____

Third Party Email Address to be used: _____

Please briefly state need for third party email access:

While using SFDPH-issued devices, or while working on any device within the DPH firewall, such as computers, tablets, phones, etc, I agree that:

1. I will only access TPE for SFDPH business purposes, using the account(s) listed above that have been authorized by OCPA.
2. I will not use TPE to transmit any protected health information (PHI) or confidential information.
3. If the business need for access to TPE changes, I will contact OCPA within one month to determine if an exception is still needed.
4. I will exercise caution when opening emails sent to my department’s approved TPE. I will not open suspicious attachments. If a suspicious attachment has been opened, or I have any reason to believe network security has been compromised, I will contact the DPH Service Desk (dph.helpdesk@sfdph.org, (628) 206-7378) immediately.
5. When applicable, I will name the third party email address to reflect my organization rather than my person; e.g., sfdph.ocpa@gmail.com.
6. When the business need for an exception no longer exists or I leave my position, I agree to notify my supervisor so that account passwords can be changed and/or accounts can be closed or reassigned as needed.

(Please complete signature and related fields on back side of form)

This exception is valid for one year. Exceptions will be reviewed annually by OCPA.

By signing this document, I acknowledge that I agree to comply with the terms and conditions listed above for proper utilization of Third Party Email (TPE).

Name (Signature): _____

Name (Print): _____

Class # & Job Title: _____

Program/Division: _____

Date: _____

Supervisor Name: _____

Please return this form via email to:

datasharing@sfdph.org

OCPA Approver:

Approval Date: