



House Staff Checkout Form

- **Graduating house staff must bring completed checkout form, High Risk Data Removal Attestation form and all materials below to the GME office prior to departure to receive graduation certificate.**
- **The final paycheck is a live check (not direct deposit) that must be picked up in person during the checkout process from the GME office!**

House Staff Name _____ Program Name _____

Permanent Mailing Address _____ City _____ State _____ Zip _____

Notes:

1. **Your W-2 will be mailed to the address listed in Lawson eConnect. House staff must change their mailing address in [Lawson eConnect](#) using SHC intranet prior to their last day of training.**
2. **Your SUNet ID email account will expire on your last day of training.**

Initial _____ SHC Employee # (5 digits) _____

Permanent E-mail Address _____ Cell Phone Number _____

Future Plans: _____
New position, Institution name, city, state, etc.

Requirements:

- | | |
|---|-----------------------------------|
| 1. Clear both SHC & SCH Medical Records in EPIC BEFORE coming to the GME office by calling the Health Information Management Services (HIMS) and bring the soft or hard clearance copies to GME: | |
| a. SHC HIMS at 510-974-2258 or 510-974-2264
Hours of operation: 7-3:30 PM | 1a. GME received Signature: _____ |
| b. SCH HIMS at 650-497-8607 or 650-497-8605
Hours of operation: 7-5 PM | 1b. GME received Signature: _____ |
| 2. Bring Hospital Security Access Card & Photo ID Badge
A \$250 fine may be applied for failure to return your badge and/or all passes | 2. GME received Signature: _____ |
| 3. Bring Stanford University Gym Card
A \$250 fine may be applied for failure to return your badge and/or all passes | 3. GME received Signature: _____ |
| 4. Bring Pager or indicate SPOK Mobile | 4. GME received Signature: _____ |
| 5. Bring Data Security Key (Encrypted USB Flash Drive) | 5. GME received Signature: _____ |
| 6. Bring generic SHC Lab Coat(s) | 6. GME received Signature: _____ |



Final Paycheck Received by:

House Staff Signature _____ Date _____

Certificate Received by:

House Staff Signature _____ Date _____

GME Office Review: initials: _____ Date: _____ Notes: _____



STANFORD

M E D I C I N E

High Risk Data Removal Attestation

All Stanford related PHI, and other High Risk information (see <http://dataclass.stanford.edu> for details) must be **securely removed** from all electronic devices prior to leaving Stanford. It is your personal responsibility to ensure that Stanford PHI and any other High Risk data is not retained on any personal devices prior to your departure from Stanford. You must invest the time to thoroughly cleanse your devices, else you may be held liable in the future.

Once the applicable Stanford information has been removed, the applications (BigFix, Crashplan, MDM, etc.) used to ensure the device met the School of Medicine Data Security Policy requirements may be removed.

More information about removing information and the applications can be found at:
<https://med.stanford.edu/datasecurity/leaving.html>

Attestation (only to be completed when all Stanford High Risk information has been removed):

I have removed all Stanford PHI and other High Risk data from all of my electronic devices.

Print Name

Signature

Date