

GME House Staff Checkout Form

- The checkout process is mandatory. House Staff who do not complete the process will not receive their certificate/s. Their file will be flagged until House Staff completes the checkout process.
- The final paycheck is a direct deposit on the last day of appointment.
- Visit GME website https://med.stanford.edu/gme/housestaff/outgoing.html for details.
- Graduation questions should be directed to Mitra Haddad, mhaddad@stanfordhealthcare.edu.

House Staff Name		SHC Employee # (5 or 6 digits)	
Stanford Program Name		Last Day of Appointment	
Permanent Mailing Address	City	State Zip	
Permanent E-mail Address	Mobile #		
Future Plans:	Self-Se	ervice Checkout	
Note: 1. House Staff must update their mailing address prior to their las a. Workday. COBRA packet is sent out by SHC Human		t known address in <u>Workday.</u>	
 b. <u>MedHub</u>. Open your MedHub account's home page 2. House staff's SUNet ID email account expires on the <u>last day of</u> 		n Update Contact Information.	
House Staff signature confirming understanding of above 2 notes			
Requirements: Complete both sides of this form, sign & date them. Include them, items checked below along with completed address label where to mail your certificate & put in large envelope & place in designated drop off bin in HC401. 1. Clear BOTH SHC & LPCH medical records in EPIC BEFORE your checkout (irrespective of your program) by calling the Health Information Management Services (HIMS) & include the hard clearance emails with your drop off packet:			
Hospital HIMS Phone #s	Hours of Operations	Date Dropped Off	
1a. SHC 510-974-2258, or 510-974-2264	M-F 7-3:30 PM	_	
1b. LPCH 650 497-8605, 497-8607 or 498-6952	M-F 7-3:30 PM M-F 7-4:30 PM		
650 597-1338 2. Hospital Security Access Card & Photo ID Badge	141-1 7-4.301141		
A \$250 fine may be applied for failure to return badge and/or all passes			
3. Stanford University Gym Card A \$250 fine may be applied for failure to return badge and/or all passes			
4. Pager or indicate SPOK Mobile 0	0		
Pager 5. Data Security Key (Encrypted USB Flash Drive) if applicable	SPOK		
GME Office Review			
initials: Date: Certificate mailed o	.		



Protected Health Information and other High Risk Data Removal Attestation

All Stanford Children's Health, Stanford Health Care and Stanford related protected health information (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 Medicine 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.

Attestation (only to be completed when all Stanford Children's Health, Stanford Health Care, and Stanford PHI and/or High Risk information has been removed):

I have removed all Stanfor	d PHI and other High Risk data fror	n all of my electronic
devices.		
Print Name	Signature	Date