

## Policy Proposal Submission Form

TITLE OF PROPOSED POLICY:

TYPE OF PROPOSAL (*check one*):

New policy or procedure

Revision of existing policy or procedure

Repeal of existing policy or procedure

DATE SUBMITTED TO PPOC:

PROPOSAL SPONSOR(S):

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**I. Background** *[Explain any relevant background to, and reasons for, the proposed policy. Note any legal or regulatory requirements the proposal aims to address, if applicable.]*

**II. Purpose** *[Outline what the desired effects or outcomes of the policy should be – that is, explain how the policy and corresponding procedures, if any, will benefit the COD.]*

**III. Overview of Proposed Policy** *[Briefly outline the personnel and process to be used to implement the policy and procedure that is being proposed. If this is a proposal to revise or repeal an existing policy, be sure to explain why revision or repeal is needed.]*

**IV. Stakeholders** *[Identify stakeholders who are most knowledgeable about the subject matter of the proposed policy as well as those who would be most affected by it. For example, you should identify the Director of Compliance and Clinic Manager in connection with any proposed policy with ePHI legal or regulatory implications. [Note: You are encouraged to consult with the stakeholders you identify when developing your policy proposal. The Policy and Procedures Oversight Committee is also available to assist in identifying potential stakeholders, if needed.]*

**V. Costs/Resource Needs** *[To the extent feasible, identify anticipated cost or resource requirements associated with the proposed policy, including any human, financial, operational, technological or other resources that will be necessary to implement the policy, if approved.]*