



### **BYOD Self-Audit and Registration Form**

Device Owner Name:

\_\_\_\_\_

Date: \_\_\_\_\_

Device Description: \_\_\_\_\_

I will be using this personal device within my work duties and my device may or may not come into contact with PHI and be a source for safety and security issues regarding our clients. To mitigate unethical or unsecure behaviour, I am voluntarily auditing and registering my device to ensure the safety of any Health Information accessed or stored. An audit of the device's security measures has been performed, and is documented below.

Primary Intended Use\*:

\_\_\_\_\_

\*e.g. such as accessing practice services (i.e. email, practice management system, e-fax, VoIP app, etc.) or performing practice functions (i.e. calling or texting with clients, taking photos of insurance cards/client info, creating and/or storing documentation/records.)

Operating Software Version: \_\_\_\_\_ Most Recent Version?: Y / N

Technical Measures:

- Encrypted (full device)
- Antivirus Active
- Firewall Active
- Password is strong
- Set to log out after idle time
- Tracking software is active
- Has a user account just for doing Rivers Edge Counselling Centre business

Backup Strategy For This Device: (or explain why it's not needed):

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If, at a later date, this device will no longer be used in a clinical setting, I understand this device will need to be properly retired from use. This retirement process may include properly removing and verifying that no sensitive information still is held in the device.

Signature of Device Owner: \_\_\_\_\_