

BYOD 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 issue regarding our clients. To mitigate unethical or unsecure behavior, I am registering my device and making sure it meets the security standards set by Mercer Island Youth & Family Services.
An audit of the device's security measures has been performed, and is documented below.
Auditor: Name of auditor:
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 (if the technical measure is not applicable to your device, check N/A): □ Encrypted (full device) □ N/A

□ Antivirus Active	□ N/A	
□ Firewall Active	□ N/A	
Password is strong	□ N/A	
□ Set to log out after idle time	□ N/A	
 Tracking software is active 	□ N/A	
 Has a user account just for doing Mercer Island Youth & Family Services 		
business \circ N/A		
Backup Strategy For This Device: (or explain why it's not needed): The device, as described above, currently satisfies the requirements of Mercer Island Youth & Family Services's policies and procedures, including the Bring Your Own Device Policy: Y / N		
Family Services with regards t	icies and procedures of Mercer Island Youth & to this device, including the Bring Your Own Device our Own Device Policy and understand its contents.	
Signature of Device Owner:		