

## BYOD Registration Form

Device Owner Name:	
Date:	
Device Description:	
may not come into contact wit regarding our clients. To mitig	vice within my work duties and my device may or h PHI and be a source for safety and security issues ate unethical or unsecure behavior, I am king sure it meets the security standards set by
An audit of the device's securit documented below.	ty measures has been performed, and is
Auditor: Name of auditor:	
Primary Intended Use*:	
e-fax, VoIP app, etc.,) or perfor clients, taking photos of insura documentation/records.)	e services (i.e. email, practice management system, ming practice functions (i.e. calling or texting with ance cards/client info, creating and/or storing
Operating Software Version:	Most Recent Version?: Y / N
Technical Measures (if the tedevice, check N/A):  □ Encrypted (full device) □ N/A  □ Antivirus Active	echnical measure is not applicable to your
• Firewall Active	□ N/A
□ Password is strong	□ <b>N/A</b>
<ul> <li>Set to log out after idle time</li> </ul>	□ <b>N/A</b>
□ Tracking software is active	□ <b>N/A</b>
□ Has a user account just for de	oing Awakened Heart PDX business $$

The device, as described above, currently satisfies the requirements of Awakened Heart PDX's policies and procedures, including the Bring Your Own Device Policy: Y / N

If, at a later date, this device will no longer be used in a clinical setting, 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.

I agree to comply with the policies and procedures of Awakened Heart PDX with regards to this device, including the Bring Your Own Device Policy. I have read the Bring Your Own Device Policy and understand its contents.

Signature of Device Owner:	
digital are of Device Owner.	