

BYOD Registration Form

Device Owner Name:		
Date:	_	
Device Description:		
may not come into contac regarding our clients. To	t with PHI and be a sour mitigate unethical or uns	k duties and my device may or ce for safety and security issues secure behavior, I am le security standards set by
An audit of the device's sed documented below.	curity measures has bee	en performed, and is
Auditor: Name of auditor	•	
Primary Intended Use*:		
	erforming practice funct	, practice management system, ions (i.e. calling or texting with o, creating and/or storing
Operating Software Vers	sion:	Most Recent Version?: Y / N
Technical Measures (if t	he technical measure is	s not applicable to your
device, check N/A): • Encrypted (full device)	¬ N1/A	
Antivirus Active	□ N/A	
• Firewall Active	○ N/A	
□ Password is strong	□ N/A	

 Set to log out after idle time		
Backup Strategy For This Device: (or explain why it's not needed):		
The device, as described above, currently satisfies the requirements of Brighter Sky Counseling'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 Brighter Sky Counseling 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:		