BYOD Registration Form

Device Owner Name:	
Date:	
Device Description:	
may not come into contact with regarding our clients. To mitigate registering my device and make	vice within my work duties and my device may or h PHI and be a source for safety and security issue ate unethical or unsecure behavior, I am king sure it meets the security standards set by ource Center Counseling Services.
An audit of the device's securit documented below.	ry measures has been performed, and is
Auditor: Name of auditor:	
Primary Intended Use*:	
e-fax, VoIP app, etc.,) or perfor	e services (i.e. email, practice management system, ming practice functions (i.e. calling or texting with nce cards/client info, creating and/or storing
Operating Software Version:	Most Recent Version?: Y / N
Technical Measures (if the te device, check N/A): □ Encrypted (full device) □ N/A □ Antivirus Active	chnical measure is not applicable to your
□ Firewall Active	□ N/A
□ Password is strong	□ N/A
□ Set to log out after idle time	□ N/A
□ Tracking software is active	□ N/A
	oing Oregon Domestic Violence Resource Center
Counseling Services business	□ N/A

The device, as described above, currently satisfies the requirements of Oregon Domestic Violence Resource Center Counseling Services' 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 Oregon Domestic Violence Resource Center Counseling Services 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.