BYOD Registration Form

within my work duties and my device may or II and be a source for safety and security issues unethical or unsecure behavior, I am sure it meets the security standards set by
easures has been performed, and is
vices (i.e. email, practice management system, g practice functions (i.e. calling or texting with cards/client info, creating and/or storing
Most Recent Version?: Y / N
ical measure is not applicable to your I/A I/A I/A I/A I/A I/A I/A I/A I/A I/
: (or explain why it's not needed):

The device, as described above, currently satisfies the requirements of Thrive Therapy Studio'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 Thrive Therapy Studio 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:
