



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 issues regarding our clients. To mitigate unethical or unsecure behavior, I am registering my device and making sure it meets the security standards set by ACT 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

