



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 Mind Body Wellness.

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

