



BYOD Device Termination Form

GROUP PRACTICE

Device Owner Name:

Date:

Device Description:

I am no longer going to be using this device in my work with

[practice name]

I am aware the device will need to be properly retired.

DEVICE DISPOSITION (CHECK ALL THAT APPLY):

- I will be still using this device for personal use.
- I am permanently disposing of this device.
- This device is no longer functioning.



DATA SANITIZATION:

- All Protected Health Information (PHI) has been permanently deleted from this device
- This device's data storage components have been thoroughly destroyed

ACCESS CREDENTIALS (CHECK ALL THAT APPLY):

- Access credentials for practice resources have been deleted from all Web browsers.
- Access credentials for practice resources have been deleted from all other apps.
- Apps installed specifically for use with practice resources have all been deleted permanently.

Signature of Device
Owner:

*Security Officer: If complete, update the BYOD Registered Devices catalog.
Also log this termination in the BYOD Registration & Termination Log*