

Mobile Device Security—Employee Form

As an employee of **XYZ OFFICE**, please initial next to each statement and sign the form below.

_____ I do not use my mobile device to access PHI.

_____ I use my mobile device to access PHI but do so through the password protected VPN provided by **XYZ OFFICE**.

_____ My mobile device is password-protected by at least a five-digit/symbol/letter passcode.

_____ My mobile device has an auto-lock feature set to a minute or less.

_____ I have set up the remote ability to wipe data from my mobile device should it be lost or stolen.

By signing this, I am attesting that I have read the **XYZ OFFICE** policy on use of mobile devices to access patient PHI and agree to abide by its requirements.

I also agree to allow my device to be checked for compliance by the IT department of **XYZ OFFICE** when requested and understand that refusing to do so could result in termination.

Print Name: _____ Date: _____

Signature: _____