

Personally Owned Device Access Request Form

I, _____ an employee/representative of Flagler Hospital have been granted access to the Flagler Hospital resources via the following methods:

Smartphone / iPhone access iPad or other tablet device
 Remote physician office Laptop/desktop

I have read, understand and agree to comply with the Personal Device Acceptable Use Policy and the below statements:

1. I will maintain a password on my device at all times.
2. Upon leaving the organization for any reason, I agree to allow Information Services to remove all company information from my personal device either in my presence or remotely via a remote wipe. I must arrange with HR to allow this removal procedure either prior to my termination or on the day of my termination. Offsite employees will be given the opportunity to make arrangements for this procedure upon termination as soon as possible.
3. If I choose **not** to allow Information Services to remove company information in my presence, I understand Information Technology must remotely wipe my personal device. This could result in loss of personal data and render the device unusable until the device is reprogrammed by the vendor.
4. I agree that Flagler Hospital is not responsible for any fees that the carrier may charge to reprogram my device in the event of a remote wipe.
5. I will notify the Information Services helpdesk immediately upon the realization of my device being lost or stolen.
6. I agree not to use GPS capabilities to share real-time location information.
7. I will not use my device as a “hot-spot” while connected to any Flagler Hospital resource.

Non-conformance with this agreement, by any Flagler Hospital employee or representative, could lead to termination of this benefit or disciplinary action, up to and including discharge.

Employee/Representative Signature

Date

Department Manager/Director Signature

Date

Received By

Date