

St. Clair County Community Mental Health Mobile Device Letter of Agreement

This Letter of Agreement is dated _____. The purpose is to confirm in writing, certain terms and conditions agreed upon by St. Clair County Community Mental Health and staff _____ to use the following device(s):

Device Ownership: Corporate Owned Personally Owned

Device Type: Cellular phone Tablet Laptop Wireless card Other _____

SCCCMH Asset Tag

(white label FY##-####): _____

Carrier: AT&T Verizon T-Mobile Wi-Fi Only Other

Accessories: Power supply Wireless mouse Laptop bag Other _____

Mobile device use and staff expectations are as follows:

- Mobile Devices (i.e. cellular phone, tablet, laptop, etc.) are provided to staff for work-related use only.
- Devices misused may be requested to be returned, and future devices may not be issued.
- Device should only be used during work hours.
- Staff should use wi-fi when available and limit excessive cellular usage when possible.
- Staff is responsible for reading and understanding the training information that comes with the device as well as related administrative procedures.
- Staff is responsible for the care and safety of the equipment and could be subject to discipline for neglect of the device.
- Staff is to immediately notify the IT Department of a lost, stolen or damaged device by contacting the IT Director. Device reported lost or stolen may be immediately erased (“wiped”) rendering it unusable to anyone.
- Staff is responsible for returning all CMH owned accessories and devices when device is no longer required for their position or role and/or upon termination of employment.

If accidental damage occurs or the mobile device is stolen

First occurrence: One time accidental coverage paid for by the agency (note: lost/stolen not covered by accidental warranty). If the IT Department has a spare available we will give you one as quickly as we can while your original device is being repaired by the manufacturer. You will get your original device back once it’s repaired.

Second occurrence: Agency will have to pay to have it repaired. If the IT Department has a spare available we will give you one as quickly as we can while your original device is being repaired. You will get your original device back once it’s repaired.

Third occurrence: Agency will have to pay to have it repaired. The IT Department will not provide a spare, but will have the manufacturer repair the device (could take up to 10 business days). The employee can use stationary devices at the office desk phones and desk workstations).

Acceptable use of mobile device in the community:

- Collaborative Documentation with persons served (i.e. IPOS, Periodic Reviews, Amendments, Releases, Consent, and Progress Notes etc.) and relevant use of OASIS (i.e. updating demographic information, etc.)
- Internet use related to Community Resources (i.e. MDHHS, Social Security Office, food banks, Kids in Distress etc.)
- Review and respond to work email during their designated work hours.

NON ACCEPTABLE use of mobile device in the community:

- Persons served or other household members (i.e. children etc.) using the device for non-CMH related needs while on home visits.
- Personal use of internet.
- Using device while driving any vehicle.
- Using the device for texting other than as approved by SCCCMH company administrative procedure(s).

Requirements for synchronizing SCCCMH information with a mobile device

- No mobile device will be synced with the SCCCMH information systems without this signed agreement.
- The use of cloud based services to download or upload files that are owned by SCCCMH is strictly prohibited.
- Signing into cloud based services such as Microsoft One Drive, Dropbox, is strictly prohibited. Devices configured with Net Motion are required to check-in at least once a week; devices that fall out of compliance may be required to be returned to the IT Department.
- Devices configured with Net Motion must have location services enabled and the Net Motion agent configured to run in the background. This allows the IT Department to remotely assist and track the device.
- The mobile device listed above must be protected with a complex password. The password must be a minimum of 8 numbers or characters long, or the maximum below 8 that your device will allow. The device auto-lock feature must be set to 5 minutes or less. Understand that even with this protection, a person with technical knowledge could access your data which could include Protected Health Information (PHI). Therefore, upon notification of this missing device, the IT Division Director or their designee shall immediately erase (“wipe”) the mobile device, rendering it unusable to anyone.
- Signing this form indicates that you understand that erasing the data (e.g., “wiping”) from the device will remove all SCCCMH data and also all personal data, including contact lists, photos, texts, custom settings and applications (“apps”), and may inactivate the device.
- It is the responsibility of users to back up data stored on their mobile device.
- In no case may individuals install programs (“apps”) which can be used to destruct or disrupt the use of any computing system or network. Users shall not by any means attempt to infiltrate (e.g., gain access without proper authorization) a computing system or network, either at SCCCMH or elsewhere.

I agree to return the device (i.e. cellular phone, tablet, laptop, etc.) to the IT Department upon request, whether it is due to staff needs, reduction of hours (i.e. full time to part time), change in position/work role, termination of employment or for maintenance purposes. I acknowledge that I have read this agreement and related policies as well as received a copy of the guidelines. I understand I will be financially responsible for a lost, damaged or stolen CMH owned device and/or accessories.

As the assigned employee, my signature below attests that I understand my responsibilities under this agreement.

| | | | |
|----------------------------------|------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Employee | Department | Title | Date |
| _____ | _____ | _____ | _____ |
| SCCCMH Authorized Representative | Department | Title | Date |