



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
CELLULAR PHONE, SMART PHONE, OR PAGER APPLICATION AGREEMENT**

Device Phone Number		Carrier Name	
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Employee Last Name:	First Name:	Employee #
Payroll Title:	Office Phone No.:	
Program/Division:	Email Address:	
Contact Person:	Phone No.:	
DMH Service Catalog Request No:	Heat Ticket No:	

Cellular Device Usage Agreement for Cell Phone, Smart Phone, or Pager

I understand and agree that:

Initial each line

	This device is to be used for approved Los Angeles County business only.
	I will not use my device to store, transmit, or receive Protected Health Information (PHI) or Personally identifiable information (PII) without using a CIOB approved technical safeguard.
	In the event the device is lost or stolen, I will immediately notify the DMH Helpdesk at (213) 351-1335 and provide a copy of a law enforcement agency's report along with a Security Incident Report within one (1) business day.
	I will keep all device accessories / packaging and return them with the device to CIOB whenever it is requested of me.
	I will use the case issued to me to protect the device from superficial damage. I could, at my own expense, elect to use another case as long as it provides the same or higher level of protection.
	I am financially responsible for replacement costs of equipment and accessories that are lost, stolen, broken, or damaged due to my negligence, which includes but is not limited to leaving devices unattended/unsecured, submerging them in liquids, etc. The current replacement costs range from \$19 up to \$281.00.
	If I transfer to a different unit and I am keeping the device, I must submit a new application prior to my transfer.
	I will relinquish this device to the CIOB - Technology Services Division at my manager's request or upon resignation within one (1) business day or the service will be suspended.
	If call forwarding, 411 calls, texting, or downloading appears on my bill, I may be financially responsible.
	Services or features on cellular devices may differ and are made available based on my role and business requirements that I am justified for. DMH reserves the right to cancel any of the services or features on my device at any time. I may be required to return my device if my usage is found unsuitable or no longer in accord with the cellular device justifications listed in LACDMH Policy 1201.01.
	If I am a FLSA covered employee (non-exempt employee), I will only use this equipment during regularly scheduled work hours or during pre-approved overtime.
	I will not alter or make any configuration changes to the cellular device's existing settings because this action may weaken the security of the device and introduce risks of PHI / PII or confidential information compromises and compliance violations.
	For emails that contain PHI / PII or confidential information, I will secure my communications by utilizing DMH Secure Email while following all the guidelines specified in DMH Policy 557.02.
	I will not include any PHI / PII or confidential information in the subject line of my emails.
	I will not include any PHI / client confidential information in my calendar when setting up meetings or appointments.

I understand and agree that:

Initial each line

	Sharing device password is strictly prohibited.
	Downloading, installing, or using applications that are not included in the cellular device is prohibited. All non-standard application installation and use must be pre-approved and installed by CIOB. I will contact the DMH Help Desk if I have a justified business need that requires additional applications.
	Downloading, installing new ringtones, themes, music and non-work related photos, and other materials is prohibited.
	Uploading or posting comments, documents, images, or videos that include sensitive or confidential information to social networking sites, and any non-DMH websites and cloud storage is prohibited. I will contact DMH Help Desk if I have a justified business need that requires this feature.
	Sending or transmitting PHI / PII or confidential data by Enhanced Message Service (EMS) and/or Short Message Service (SMS) such as TEXT Messages, iMessages, Peer-to-Peer Chat, Text Chat, Video Chat, FaceTime, or similar technologies are prohibited. Subsequently, if I ever receive any PHI / PII or confidential data via any of these communication formats, I must contact the sender immediately and make them aware that these types of communications are insecure and must not include PHI / PII or confidential data. I will advise them to permanently remove and delete the message from their mobile device and I will do the same on mine.
	Taking photos or videos that include LACDMH clients, clients' medical information, or structures that can identify clients are strictly prohibited.

I have read and understand the following County and Department of Mental Health Policies:

Initial each line

<input type="checkbox"/>	I have read Board of Supervisors Policy No. 6.101 – Use of the County Information Technology Resources.
<input type="checkbox"/>	I have read LACDMH Policy No. 1201.01 – Assignment, Use, and Management of Cellular Devices.
<input type="checkbox"/>	I have read LACDMH Policy No. 1200.05 – Use of LACDMH Technology Resources, Networked Devices, and Information Systems.
<input type="checkbox"/>	I have read LACDMH Policy No. 557.02 – Appropriate Use of Email for Transmitting Protected Health Information (PHI) and/or Confidential data.

I Received the Following Device and Accessories

<input type="checkbox"/> Smart Phone	<input type="checkbox"/> Cellular Phone	<input type="checkbox"/> Pager	<input type="checkbox"/> Laptop
<input type="checkbox"/> Charger / Cable	<input type="checkbox"/> Hotspot	<input type="checkbox"/> Headset	<input type="checkbox"/> Tablet
<input type="checkbox"/> IMEI	<input type="checkbox"/> Case/ Holster	<input type="checkbox"/> ESN	

By signing below, I acknowledge that I have read and understand this Cellular Devices Agreement and agree to abide by it. I recognize that my failure to fulfill these responsibilities, including the knowledge of anyone else using my password, could result in the abuse of County information resources and data and that the County may hold me responsible for such abuse.

Subsequently, I understand that this device is the property of the County of Los Angeles and is provided for authorized use only. There is no expectation of privacy in this system. Any or all uses or access of this device, including all of its data, may be monitored, interrupted, recorded, read, copied, or captured and disclosed in any manner for any lawful or authorized purpose, including disciplinary or civil action and criminal prosecution. Use or access of this device, authorized or unauthorized, constitutes consent to such monitoring, interception, recording, reading, copying or capturing and disclosure.

I further understand that any violation of this agreement may result in disciplinary action up to and including discharge. I also have been informed that failure to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) can result in civil and criminal penalties per 42 USC §1320d-5.

Employee Signature	Print Name	Date
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Device and Accessories Returned to CIOB

<input type="checkbox"/> iPhone	<input type="checkbox"/> Cellular Phone	<input type="checkbox"/> Pager	<input type="checkbox"/> Laptop
<input type="checkbox"/> Charger / Cable	<input type="checkbox"/> Hotspot	<input type="checkbox"/> Headset	<input type="checkbox"/> Tablet
<input type="checkbox"/> IMEI	<input type="checkbox"/> Case/ Holster	<input type="checkbox"/> ESN	

Returned By (Employee)

Employee Signature	Print Name	Date
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Received By CIOB Administration

Employee Signature	Print Name	Date
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