Mobile Device Use Acknowledgement and Agreement

At the discretion of management, I may be permitted to use a mobile device, personally or Geisinger owned) to access certain Geisinger data (“Business Sensitive Information” or “BSI”) and patient information (“Protected Health Information” under HIPAA or “PHI”).

I understand that BSI and PHI cannot be transmitted, received, stored, or processed in any manner on a mobile device, personal or Geisinger provided, except as outlined below:

User Responsibilities

1. I must allow the management of my mobile device, personally or Geisinger owned, and the installation of a protected container by Geisinger.
2. Any Geisinger related activity on my mobile device must use the protected container or applications provided through the Geisinger Application Store.
3. No Geisinger data can be stored outside of the protected container.
4. I agree to not transmit BSI or PHI through non-Geisinger approved methods. This includes, but is not limited to, the use of Speech to Text applications (i.e. Microsoft Cortana, Jeanie, SILVIA, Siri, Speakttoi, etc.)
5. Texting and using the camera or video features on your mobile device for patient related information is allowed only by using Geisinger provided secure applications (i.e. TigerText).
6. I agree to review and follow all Geisinger policies relating to the use and security of portable computing devices, including (but not limited to) 07.06071 Mobile Device Security, prior to using my mobile device for Geisinger related activity.
7. I understand that backup of my personal information is not the responsibility of Geisinger.

Device Security & Management

8. I agree that Geisinger can and will manage my mobile device, whether personally owned or Geisinger provided, in an effort to control and protect Geisinger and Patient information.
9. I acknowledge that Geisinger will enforce security settings on the mobile device.
10. I agree to use a hard to guess PIN (i.e. not 1111 or 1234).
11. I understand that modifying the underlying operating system of the device (e.g., “rooting”, “Jailbreak-ing”, etc.) will result in all Geisinger data and applications being removed from your device.
12. I agree to not backup or cause the backup of Geisinger information (including e-mail) to a non-Geisinger computer or move the Geisinger information from its encrypted area to any other areas on the smart phone.
13. I agree to report loss of a device immediately to the IT Help Desk 570-271-8092.

Additional Acknowledgements

14. I agree to hold Geisinger harmless for any loss relating to the administration of the mobile device connectivity to Geisinger systems including, but not limited to, loss of personal information stored on a mobile device due to data deletion done to protect sensitive information related to Geisinger, its patients, members or partners.
15. I understand that these devices should not be considered diagnostic quality for patient care decisions, and should not contain PHI, unless incorporated as part of an officially approved, standard application support by Geisinger.

16. I understand that upon termination of my employment at Geisinger, I must notify the Help Desk and have arrangements made to have all Geisinger data and applications wiped (permanently deleted), and I also understand that my personal data could be wiped during this process.

17. I understand that my device could be wiped at any time as deemed appropriate by Geisinger management and I also understand that it could include all data including personal files.

I understand that failure to adhere to these conditions or failure to appropriately safeguard Geisinger information could result in action against me personally up to and including termination of employment, civil action (e.g., being sued directly) or criminal prosecution by affected persons. [This exposure is especially relevant to disclosure of PHI or BSI.

I have read this Acknowledgement and Agreement specified about and I understand what it says. If I had any questions, they have been answered.

By clicking the ‘I Agree’ button, within the GOALS course, I am affirming my acknowledgement and consider this my electronic signature hereon.